

Case Number:	CM13-0029670		
Date Assigned:	12/11/2013	Date of Injury:	12/13/2007
Decision Date:	03/12/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male who reported a work related injury on 12/13/2007. The mechanism of injury was not stated. The patient's diagnoses included spondylolisthesis, lumbar spondylosis without myelopathy, lumbalgia/lumbar intervertebral disc, and chronic pain due to trauma. The patient has complaints of constant low back pain with radiation down the left knee. Electrodiagnostic studies of the patient revealed right-sided lumbar radiculopathy. Treatment to date includes medications and activity modification. A request was made for a 6 month gym membership and Menthoderm 120 mL dispensed 08/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Six (6) month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships

Decision rationale: Recent clinical documentation stated the patient had low back pain which was constant and radiated to right lower extremity. There was tenderness to palpation over

lumbar spine. The patient's medications were noted to be helpful and relieved his pain by about 80%. Official Disability Guidelines indicate that gym memberships are not recommended as a medical prescription unless a documented home exercise program has not been effective for the patient and there is a need for equipment. There was no documentation stating the patient's home exercise program had not been effective. There was a lack of documentation noting any physical therapy or home exercise for the patient. Guidelines further state that gym memberships would not generally be considered medical treatment and are therefore not covered under these guidelines. Guidelines indicate that with unsupervised programs there is no information flow back to the provider so that he or she can make changes in the prescription, and there may be risk of further injury to the patient. Therefore, the decision for a six (6) month gym membership is noncertified.

Menthoderm 120 ml Dispensed August 28, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.cim/cdi/menthoder-cream.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Menthoderm is a topical analgesic consisting of methyl salicylate and menthol. California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation submitted with this review. There was no evidence given the patient had tried and failed antidepressants or anticonvulsants for his low back pain. There was also no evidence given that the patient had signs or symptoms or objective findings of neuropathic pain. The clinical documentation submitted does not support the request for Menthoderm. Therefore, the decision for Menthoderm 120 mL dispensed 08/28/2013 is noncertified.