

Case Number:	CM13-0041440		
Date Assigned:	01/24/2014	Date of Injury:	02/25/2002
Decision Date:	06/16/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 expert 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 injured worker is a 42-year-old female who reported an injury on 02/25/2002. Per the clinical note dated 12/14/2013, the injured worker reported continued pain to the low back with radiation to the left buttock, left lower extremity and foot with increased numbness to the left lower extremity. The injured worker had been using a transcutaneous electrical nerve stimulation (TENS) unit and taking pain medications with mild relief. Per the physical exam the injured worker had positive findings for the Lasegue's test 90 degrees bilaterally, Braggard's and Ely tests to the left, Fabere's and Kemp's bilaterally, Milgram's and Valsalva. Left sided hypoesthesia was also noted at L5-S1 dermatome levels. Flexion of the lumbar spine was 49 degrees and extension was 14 degrees. The diagnoses for the injured worker included lumbar sprain/strain, lumbar disc, lumbosacral neuritis or radiculitis, and myalgia/myositis. Per the progress note dated 01/17/2014 the injured worker reported decreased pain and increased activity. The physician noted an increase in range of motion and muscle strength. The request for authorization for medical treatment was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MENTHODERM 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 105-111.

Decision rationale: The CA MTUS Guidelines do recommended topical salicylate (e.g., Ben-Gay, methyl salicylate) as significantly better than placebo in chronic pain. However, the MTUS guidelines do not provide evidence based support for the use of menthol as a topical medication. The guidelines do state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the documentation does not specify the location for the proposed medication to be used. Therefore, the request for Methoderm 12-gm is non-certified.

1 PICOLLO FOR LFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: Per the CA MTUS guidelines regarding non-steroidal anti-inflammatory drugs (NSAIDs), the guidelines recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In addition, borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. The injured worker had a chemistry panel dated 09/28/2013 which showed a mild elevation in her aspartate aminotransferase (AST). However, other results were within the normal range. There was a lack of documentation regarding any signs or symptoms of adverse effects due to the use of naproxen and there were no risk factors documented for the injured worker. Therefore, the request for a liver function test is non-certified.