

Case Number:	CM13-0041964		
Date Assigned:	12/20/2013	Date of Injury:	06/28/2002
Decision Date:	03/05/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and Washington, DC. 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 47-year-old right hand dominant female with a work related injury on 6/28/2002. The patient stated that she injured her lower back while performing her usual and customary job duties at [REDACTED]. She indicates that she was pulling a utility cart filled with condiments that weighed approximately 300 pounds into the kitchen, when the wheel broke off and the cart got stuck in the door way. As she pulled the cart back towards her, the cart lounged forward and forcefully jerked her body, at which time she felt a pop in her lower back followed by a sharp pain. She immediately reported her injury to her supervisor and a report was taken, but she continued working thinking her pain would subside. Two weeks post injury the patient sought treatment on her own at a [REDACTED], where diagnostic studies of her lower back were obtained which reportedly revealed annular tears. She was prescribed medications, placed off work and started on a course of physical therapy. The patient was referred to [REDACTED] who initiated a course of treatment consisting of diagnostic studies, medications, physical therapy and several lumbar epidural injections. In April 2004, the patient began working with [REDACTED]. She states that while working for the company she gradually developed pain in her neck, left shoulder, left hip and left knee and she exacerbated her low back symptoms due to prolonged standing, walking, repetitive lifting, carrying, pushing, pulling, bending, stooping, twisting and turning while performing her usual and customary job duties. Her symptoms began in October of 2006 and she continued to work until December 21, 2006, at which time her employment was terminated due to lack of work. Sometime in November or December of 2006 the patient again sought treatment on her own and returned to [REDACTED]. She was examined and started on course of treatment consisting of diagnostic studies, medications and physical therapy. In 2008 the patient was evaluated by

Agreed Medical Examiner, who recommended future medical care, including ongoing strengthening therapy, medications and low back surgery. She however, elected not to proceed with surgery out of fear of the potential risks. In February 2011 the patient was diagnosed with breast cancer. Shortly after she started chemotherapy and subsequently underwent a double bilateral mastectomy on 02/7/2012. Several months post-surgery, she was diagnosed with fibromyalgia. In April 2012, she went through a fibromyalgia pain management program at [REDACTED]. After her cancer treatment she resumed medical care with her doctor for her musculoskeletal complaints. However since she has relocated to Los Angeles from San Francisco she has not received further medical care or treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (effective July 18, 2009): Topical Analgesics section Page(s): 111-113 of 127.

Decision rationale: Menthoderm also known as "Bengay", "ICY Hot", is an over-the-counter topical analgesic. Menthoderm is a combination of methyl salicylate and menthol which is claimed to have a beneficial effect on acute painful conditions such as sprains and strains. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Reports do not document site of use or functional benefit from Menthoderm or any failure of trial of antidepressants and anti-convulsant medications. Therefore, the request for Menthoderm gel 120gm (Unspecified) is not medically necessary.

Physical therapy 2 x week for 6 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009) Physical Medicine. Page(s): 98 to 99 of 127.

Decision rationale: With respect to Physical therapy 2 x week for 6 weeks for lumbar spine, it is not in compliance with the guideline. The patient had earlier been approved for 10 sessions of physical therapy as recommended by the guideline, for which she had received and still continue to complain about low back pain. Absent any functional improvement, the request for 12 sessions of physical therapy is not medically necessary.