

Case Number:	CM13-0059694		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2009
Decision Date:	04/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 52 year old male who was injured on 08/10/2009. He injured his low back while bending to lift an object. Prior treatment history has included 50 sessions of physical therapy. Toxicology report dated 09/30/2013 noted positive results for Ethyl Glucuronide and Ethyl Sulfate; results are for medical treatment only. Medication summary report dated 11/21/2013 indicated no inconsistent results. Doctor's first report of occupational injury dated 07/24/2013 documented the patient to have complaints of constant moderate to severe pain in his back. The patient reported taking Naproxen and hydrocodone. Objective findings on examination of the lumbar spine revealed his gait was within normal limits. Inspection of his lumbar spine was within normal limits; posture with no asymmetry, normal posture; mild tenderness to palpation of the lumbar at L4-5; full range of motion; motor strength was 4/5 on the left EHL, Left leg 4/5, within normal limits on the right; Sensation was within normal limits throughout bilateral limbs; reflexes were absent bilateral lower extremity; negative Lasegue's bilateral. Pr-2 note dated 07/29/2013 documented the patient to have complaints of constant low back pain, rated as 7/10, without radiation, but with weakness and giving way of the left lower extremity. He was not taking medications. Objective findings on exam noted tenderness to palpation over the lumbar spine; negative straight leg raise test; lower extremity motor strength testing was 5/5 bilaterally. PR-2 note dated 08/26/2013 documented the patient to have complaints of constant low back pain, rated as 7/10, without radiation, but with weakness and giving way of the left lower extremity. He was not taking medications. Objective findings on exam noted tenderness to palpation over the lumbar spine; negative straight leg raise test; lower extremity motor strength testing was 5/5 bilaterally. PR 2 note dated 09/30/2013 documented the patient to have complaints of constant low pain, rated as 7/10, with radiation to the left lower extremity, specifically in the left leg, with weakness and numbness. Objective findings on exam revealed

lumbar spine range of motion was restricted; Straight leg raising test was negative; Lower extremity motor strength testing was 5/5 bilaterally. Supplemental Medical-Legal Evaluation report dated 10/09/2013 indicated the patient to have complaints of 7/10 pain in the mid/upper back and lower back per the VAS scale, which was unchanged since his last visit. The patient ambulated with a cane. Objective findings on exam indicated there was grade 2-3 tenderness to palpation over the paraspinal muscles which were unchanged from his last visit. There was grade 2-3 tenderness to palpation over the paraspinal muscles, which had remained the same since his last visit. There were no changes on neurocirculatory examination. PR 2 dated 11/15/2013 documented the patient to have complaints of constant low back pain, rated 7-8/10, with radiation to the bilateral lower extremities associated with slight pain in the right leg and weakness in the left leg. He was status post anterior posterior fusion at L3-L4 and L4-L5 on 09/11/2012. He did attend physical therapy. Objective findings on exam revealed mild tenderness to palpation over the lumbar spine. Incisions were well healed. Motor examination was 5/5 in the lower extremities. There was mild weakness in the extensor hallucis longus muscles. Gastrocnemius muscles were soft and nontender. Capillary refill was less than 2 seconds. The patient ambulated using a single point cane with a mild antalgic gait. The patient was diagnosed with status post anterior posterior fusion at L3 to L5, doing well; Severe itching possibly secondary to heightened sympathetic dry from anterior retro-peroneal approach. Supplemental Medical-Legal Evaluation report dated 11/20/2013 indicated the patient had complaints of pain in the mid/upper back and lower back. On a scale of 0 to 10 on the VAS scale, with 10 representing the worse, his pain in the mid/upper back and lower back was rated as 7/10 which had remained the same since his last visit. Objective findings on exam indicated there was grade 2-3 tenderness to palpation over the paraspinal muscles, which had remained the same since his last visit. There was restricted range of motion. There was grade 2-3 tenderness to palpation over the paraspinal muscles, which had remained the same since his last visit. There was restricted range of motion. There were no changes on neurocirculatory examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120gm (x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

Decision rationale: According to the CA MTUS, methyl salicylate is recommended and is significantly better than placebo in chronic pain. The patient has documented chronic pain and has been instructed on the use of this particular topical medication. However, the product also contains menthol which is not a recommended product per the guidelines. The guides state that a compounded product that contains at least one non-recommended ingredient is not recommended. Therefore, the request cannot be certified.