

Case Number:	CM13-0061933		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2013
Decision Date:	07/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 51 year old female who had a date of injury of 4/22/13. The injured worker had low back pain radiating to the lower extremities which was believed to be secondary to wearing a gun belt along with excessive sitting. The injured worker was treated with oral medications and physical therapy. She was referred for an MRI of the lumbar spine on 7/3/13 which noted a listhesis of L5 on S1 with associated severe facet disease. There was attenuation of the bilateral pars interarticularis without discrete fracture. In combination with degenerative disc disease there was moderate to severe right and moderate left lateral recess stenosis resulting from compression of the transiting S1 nerve roots, right greater than left. Moderate neural foraminal narrowing at this level caused deformity of the exiting L5 nerve roots. The further included electrodiagnostic studies (EMG/NCV) dated 8/21/13 which indicated a severe chronic right L5 radiculopathy. The injured worker was being considered for surgical intervention. The injured worker's current medication profile includes naproxen sodium 550mg, Cyclobenzaprine HCL 7.5mg, Ondansetron 8mg, Omeprazole 20mg, Medrox pain relief ointment 120g, Tramadol HCL 50mg, and Menthoderm gel 120mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 120 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely considered experimental/investigational as there is no substantive peer reviewed literature which establishes their efficacy. It would be noted that the submitted clinical records do not contain any data establishing that this medication has been efficacious in the treatment of the injured worker's pain. As such, medical necessity has not been established.

TEROCIN PATCH # 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely considered experimental/investigational as there is no substantive peer reviewed literature which establishes their efficacy. It would be noted that the submitted clinical records do not contain any data establishing that this medication has been efficacious in the treatment of the injured worker's pain. As such, medical necessity has not been established.