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| <b>Case Number:</b>   | CM13-0068395 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/01/2011 |
| <b>Decision Date:</b> | 05/29/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of the [REDACTED] and has filed a claim for lumbosacral neuritis associated with an industrial injury date of May 1, 2011. Treatment to date has included oral pain medications, home exercise program, radiofrequency ablation, physical therapy, and acupuncture. Medical records from 2013 through 2014 were reviewed showing the patient complaining of low back and left hip pain. The patient rates the pain at 4/10 with pain medications. The pain radiates to the left leg and right leg. There is associated numbness and tingling of the left leg. The patient states that medications are helping. No side effects were noted. The patient is taking Norco 10/325 3 times a day. On examination, the lumbar spine has limited range of motion. There was paravertebral muscle tenderness on the right. Light touch sensation was decreased over the S1 dermatome on the right side. Utilization review from November 25, 2013 denied the request for menthoderm due to no documentation of effectiveness. Laxacin was denied due to no documentation of constipation. Psyche services were denied due to no documentation of psychological issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE RQUEST FOR MENTHODERM GEL 120 MG # 120 ML DATE OF SERVICE 9/23/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In Workers Comp, 2013 Web Based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 105.

**Decision rationale:** As stated on page 105 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates are recommended and are better than placebo and chronic pain. In this case, the patient is noted to take menthoderm as far back as October 2013. She stated that medications help but it is unclear whether menthoderm contributes a significant amount of pain relief. It is unclear whether oral pain medications have failed. Therefore, the retrospective request for menthoderm is not medically necessary.

### **RETROSPECTIVE REQUEST FOR PSYCHE SERVICES DATE OF SERVICE**

**8/20/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In Workers Compensation, 2013 Web Based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 101-102.

**Decision rationale:** As stated on pages 101-102 of the California MTUS Chronic Pain Medical Treatment Guidelines, psychological treatments are recommended as an adjunct into pain treatment with a positive short-term effect on pain interference and long-term effect on return to work. In this case, the patient has been suffering from chronic pain since 2011. However, the progress notes did not specify a behavioral or psychological problem. It is unclear what the indication for this request is given the medical records. It is unclear how many sessions the patient has completed. The functional gains associated with this treatment were not clearly indicated. Therefore, this retrospective request for psyche services date of service 8/20/13 is not medically necessary.

### **RETROSPECTIVE RQUEST FOR PSYCHE SERVICES FOR THE DATE OF SERVICE OF 9/23/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In Workers Compensation, 2013 Web Based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 101-102.

**Decision rationale:** As stated on pages 101-102 of the California MTUS Chronic Pain Medical Treatment Guidelines, psychological treatments are recommended as an adjunct into pain

treatment with a positive short-term effect on pain interference and long-term effect on return to work. In this case, the patient has been suffering from chronic pain since 2011. However, the progress notes did not specify a behavioral or psychological problem. It is unclear what the indication for this request is given the medical records. It is unclear how many sessions the patient has completed. The functional gains associated with this treatment were not clearly indicated. Therefore, this retrospective request for psyche services date of service 9/23/13 is not medically necessary.

**RETROSPECTIVE REQUEST FOR LAXACIN 8.6/50 MG # 100 DATE OF SERVICE 8/20/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In Workers Comp, 2013 Web Based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 77.

**Decision rationale:** Page 77 of CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the patient was prescribed Laxacin in August 2013. The patient was taking opioids during this time and prophylactic treatment for constipation is appropriate. However, the request does not indicate the frequency of intake and dispensing #100 excessive for initial regimen. Therefore, the retrospective request for Laxacin is not medically necessary.

**RETROSPECTIVE REQUEST FOR PSYCHE SERVICES DATE OF SERVICE 7/16/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In Workers Compensation, 2013 Web Based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 101-102.

**Decision rationale:** As stated on pages 101-102 of the California CA MTUS Chronic Pain Medical Treatment Guidelines, psychological treatments are recommended as an adjunct into pain treatment with a positive short-term effect on pain interference and long-term effect on return to work. In this case, the patient has been suffering from chronic pain since 2011. However, the progress notes did not specify a behavioral or psychological problem. It is unclear what the indication for this request is given the medical records. It is unclear how many sessions the patient has completed. The functional gains associated with this treatment were not clearly indicated. Therefore, this retrospective request for psyche services date of service 7/16/13 is not medically necessary.