MAXIMUS Federal Services

Case Number:	CM13-0072438		
Date Assigned:	05/16/2014	Date of Injury:	04/07/2009
Decision Date:	08/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational 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 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 applicant has filed a claim for chronic neck, upper back, low back, and wrist pain reportedly associated with an industrial injury of April 7, 2009. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture; topical agents; trigger point injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated December 9, 2013, the claims administrator denied a request for Menthoderm ointment and glucosamine. The applicant's attorney subsequently appealed. In a medical-legal evaluation of January 12, 2011, it was suggested that the applicant was not working. In a handwritten note dated May 30, 2013, the applicant was asked to continue home exercises, transcutaneous electrical nerve stimulation (TENS) unit, topical Terocin lotion, and a TENS unit patch for neck, low back, and wrist pain while remaining off of work, on total temporary disability. The applicant was kept off of work through multiple other handwritten notes of August 15, 2013, July 11, 2013, and June 13, 2013. A varieties of treatments, including a TENS unit, trigger point injections, and topical agents were endorsed. The notes were handwritten and somewhat difficult to follow, however. The applicant was given a variety of topical agents, including Flector and Terocin, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 7, 105.

Decision rationale: The request for Menthoderm ointment is not medically necessary, medically appropriate, or indicated here. Menthoderm is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of salicylate topical in the treatment of chronic pain, as it is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. An attending provider should also factor into account other applicant-specific variables such as other medications into his choice of pharmacotherapy. In this case, however, no clear rationale for ongoing usage of Menthoderm was provided. It was not clearly stated whether this was a first-time request or a renewal request. There was no discussion of medication efficacy. It was not clearly stated why the applicant needed to use Menthoderm in addition to two other topical agents, namely Flector and Terocin. Therefore, the request for Menthoderm ointment was not medically necessary.

GLUCOSAMINE SULFATE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The request for glucosamine is not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of glucosamine in the treatment of pain associated with arthritis, and, in particular, knee arthritis, in this case, however, the applicant's pain complaints are primarily localizable to the low back, neck, and mid back. There is no specific mention of knee arthritis for which ongoing usage of glucosamine would be indicated. Therefore, the request was not medically necessary.