

Case Number:	CM14-0009528		
Date Assigned:	02/14/2014	Date of Injury:	02/28/2011
Decision Date:	07/17/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain medication 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 a 47-year-old male with a 2/28/11 date of injury, when he slipped, twisted his low back, and felt pain in the low back. The patient has complaints of low back pain with radiation to the lower extremities, with numbness and tingling. Reported diagnosis included herniated disc at L4-5. A 12/12/13 note described low back pain with radiation to both legs. No physical examination was documented. Oral medications and topical agents were requested. On 11/27/13, a note described low back and left leg pain. Clinically, there was cervical spine tenderness, but no neurological findings in upper extremities. There was low back tenderness spasms, however no focal dermal logical deficits in the lower extremities. SLR was negative. Symptomatic treatment of pain was recommended with over-the-counter medications only, but no narcotic medications. On 9/19/13, a note described 4/10 low back pain with radiation to the lower extremities, as well as numbness and tingling. Clinically, there was tenderness in the lumbar spine spasms. Remainder of objective findings was illegible. Treatment plan discussed continuing with physical therapy, medication refill, urine drug screen, and a referral for surgical intervention. A 1/7/13 orthopedic progress note document that the patient should focus on daily exercises, core strengthening, and conservative care options. Rendered treatment has included PT, chiropractic treatment, home exercise program, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATIONS MENTHODERM OINTMENT FOR TREATMENT OF LOWER BACK AND LEG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

Decision rationale: Medical necessity for the requested topical agent is not established as the Guideline criteria is not met. This request previously obtained an adverse determination due to lack of guideline compliance. Although California MTUS states that salicylate topicals are recommend and are significantly better than placebo in chronic pain, duration of use has not been discussed, as well as efficacy. Additional medical records were provided; however there remains no documentation of a comprehensive physical examination, failure/intolerability of first line agents, or discussion of reduction in Oral medication use due to this topical agent. In addition, it has not been discussed that the patient requires a specific brand name topical agent, as opposed to an over the counter generic formulation.