

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0103042 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 09/18/2001 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Interventional Spine 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 years old female with an injury date on 12/18/2001. Based on the 05/05/2014 progress report provided, the diagnoses are: 1. Other and unspecified disc disorder of lumbar region 2. Lumbago 3. Myalgia and myositis, unspecified 4. Degeneration of lumbar or lumbosacral intervertebral disc 5. Acquired spondylolisthesis 6. Long term (current) use of other medications 7. Encounter for therapeutic drug monitoring. According to this report, the patient complains of constant back pain and leg pain. Mild to moderate soreness of lumbar muscle and the posterior left thigh was noted. Lumbar range of motion is restricted with pain. There were no other significant findings noted on this report. The utilization review denied the request on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Lotion 120ml retro 5/5/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 05/05/2014 report, this patient presents with constant back pain and leg pain. The treater is requesting Methoderm Lotion 120ml, retro DOS 05/05/14. Methoderm lotion contains Methyl salicylate and Menthol. For salicylate, a topical non-steroidal anti-inflammatory drug (NSAID), MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. The request is not medically necessary.