

Case Number:	CM14-0106066		
Date Assigned:	07/30/2014	Date of Injury:	06/02/2010
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 66 year old patient had a date of injury on 6/2/2010. The mechanism of injury was helping client get onto bed when the client lost her balance and employee fell with client. In a progress noted dated 1/21/2014, subjective findings included pain in the back, with numbness and tingling. She is currently not working. On a physical exam dated 1/21/2014, objective findings included she will continue to have conservative treatment. The majority of the notes were illegible. Diagnostic impression shows brachial neuritis, sprain lumbar region, myalgia and myositis. Treatment to date: medication therapy, behavioral modification, surgery, trigger point injections. A UR decision dated 6/25/2014 denied the request for menthoderm 2 bottles, stating no documentation of the patients intolerance of medications on an oral basis, and topical analgesic creams are considered highly experimental without proven efficacy. Repeat trigger point injection x4 with Lidocaine and Kenalog to left L5 paraspinal muscles was denied, stating that no twitch response is documented, and that only documentation of percentage but not duration of relief from previous such injections exists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (methyl salicylate and menthol gel) 2 Bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines; Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentherm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. It is recommended that the Mentherm topical be modified to allow for an over-the-counter formulation. In an appeal note by the doctor on 6/26/2014, it was noted that Neurontin was no sufficient in controlling her numbness, and that this cream is even more essential since she is not interested in taking narcotics or having surgery. However, there was no discussion as to why this patient could not tolerate over the counter formulations of the same product such as Ben-Gay. Therefore, the request for Mentherm Gel(methyl salicylate and menthol gel) x2 bottles is not medically necessary.

repeat Trigger Point Injection x4 w/lidocaine and kenalog to Left L5 Paraspinal Muscles:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the progress note dated 1/29/2014, it was noted that an injection in her back reduced pain by 30% on 8/2013 following glaucoma surgery. However, it was unclear if the pain relief lasted 6 weeks or longer, and 50 % relief must be documented in order to substantiate repeat injections. Therefore, the request for repeat trigger point injection x4 w/Lidocaine and Kenalog to the left L5 paraspinal muscles is not medically necessary.