

<b>Case Number:</b>	CM14-0124072		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 51-year-old female who reported an injury on 03/14/2013. The mechanism of injury was not provided. On 06/18/2014, the injured worker presented with leg pain. Upon examination, the injured worker was depressed and had painful range of motion with tenderness to the lumbar spine paraspinals. The diagnosis was lumbosacral sprain. Prior treatments included heat, home exercise, and topical creams. The provider recommended physical therapy and Mentherm ointment. The provider's rationale was not provided. The Request for Authorization form was dated 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Quantity: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy with a quantity of 12 is non-certified. The California MTUS state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion,

and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy and the efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home and there is no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request does not indicate the site that the physical therapy is intended for or the frequency of the visits. The provider's request for 12 physical therapy visits exceeds the recommendations of the guidelines. As such, the request is non-certified.

**Menthoderm Ointment:** Upheld

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

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

**Decision rationale:** The request for Menthoderm ointment is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is lack of evidence of a failed trial of antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the dose, frequency, or quantity of the Menthoderm ointment or the site that is indicated for in the request as submitted. The efficacy of the prior use of Menthoderm ointment was not provided. As such, the request is not medically necessary.