

Case Number:	CM14-0133356		
Date Assigned:	08/22/2014	Date of Injury:	09/16/2004
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/20/2014

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 Medicine, and is licensed to practice in Florida. 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 65 year old female who reported injury on 09/14/2004. The mechanism of injury was not specified. Her diagnoses included lumbar degenerative disc disease, lumbar spinal stenosis, low back, hip and leg pain. Past treatments included medications and epidural steroid injection. Her past diagnostic tests included an x-ray of the lumbosacral spine on 07/20/2011 and an MRI of the lumbar spine on 02/21/2012. On 07/14/2014, the injured worker complained of back and leg pain. She also stated she had been minimizing her medication use of Norco and she was taking Valium which helped her improve the quality of her sleep and minimize some of her myasthenia gravis problems. Additionally, she mentioned the most problematic issue was a lot of muscle pain and soreness with increased activity. The physical exam revealed the back was normal with curvature, tenderness over the L-5 spine, limited range of motion of L-5 due to pain. The medications included Norco and Valium. The treatment plan including a trial of Methderm. There is not a rationale for the request and the request for authorization form is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methderm Ointment 240 grams, provided on July 14, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 & 111.

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

Decision rationale: The injured worker has a history of lumbar degenerative disc disease, lumbar spinal stenosis, low back, hip, and leg pain. The Chronic Pain Medical Treatment Guidelines support use of topical salicylates for chronic pain as they have been found to be better than placebo. The injured worker was shown to have chronic back and leg pain. Therefore, a trial of mentherm gel would be appropriate. However, the request, as submitted, did not specify a frequency of use or specify the body region the topical medication is to be applied to. As such, the request for Methderm Ointment 240 grams, provided on July 14, 2014, is not medically necessary or appropriate.