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| Case Number: | CM14-0136171 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 09/21/2012 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 41 year old with an injury date on 9/21/12. Patient complains of intermittent lumbar pain with radiation to right lower extremity and associated numbness/tingling/weakness, and right upper extremity pain rated 8/10 per 7/1/14 report. Patient has failed conservative treatment including medications, physical therapy, chiropractic therapy, and extracorporeal shockwave therapy. Based on the 7/1/14 progress report provided by [REDACTED] the diagnoses are: 1. L-spine HLDLP2. right shoulder - AC-OA, tendinitis, poss RCT3. right elbow s/s4. right wrist - CTS per NCVExam on 7/1/14 showed "L-spine has 2+ decreased range of motion with tenderness to palpation and spasms, positive straight leg raise bilaterally." [REDACTED] is requesting chiropractic 2-3x4 (12 visits) to the low back, orthopedic initial consult to lumbar region, and menthoderm (methyl salicylate 15% enthol 10%) gel 360 gm. The utilization review determination being challenged is dated 8/7/14 and denies orthopedic consultation due to lack of documentation that diagnostic/therapeutic management has been exhausted, and denies menthoderm due to lack of evidence patient has failed trial of antidepressants/anticonvulsants. [REDACTED] is the requesting provider, and he provided treatment reports from 1/30/14 to 7/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2-3 x 4 (12 visits) to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND TREATMENTS Page(s): 58-59.

Decision rationale: This patient presents with back pain radiating to right foot, and shoulder/elbow/hand pain. The treater has asked for chiropractic 2-3x4 (12 visits) to the low back on 7/1/14. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. Utilization review letter dated 8/7/14 states patient had 18 prior chiropractic treatments. Considering the patient has had 18 prior chiropractic treatments, the requested chiropractic 2-3x4 (12 visits) to the low back would not be deemed medically necessary at this time. Recommendation is for denial.

Orthopedic initial consult to lumbar region: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127 and the Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

Decision rationale: This patient presents with back pain radiating to right foot, and shoulder/elbow/hand pain. The treater has asked for orthopedic initial consult to lumbar region on 7/1/14. The original request from 4/1/14 states the request for orthopedic surgeon is to "re-request spine surgery." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient had ongoing back pain and treater has requested a consultation for a possible spinal surgery. The requested orthopedic initial consult to lumbar region appears reasonable. Recommendation is for authorization.

Menthoderm (Methyl Salicylate 15%/Menthol 10%) gel 360 gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111. Decision based on Non-MTUS Citation www.drugs.com/cdi/menthoder-cream.html.

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

Decision rationale: This patient presents with back pain radiating to right foot, and shoulder/elbow/hand pain. The treater has asked for menthoder (methyl salicylate 15% menthol 10%) gel 360 gm on 7/1/14. It is not known if patient has been using menthoder, but

1/30/14 report mentions patient is taking a "topical cream." Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. In this case, the patient has chronic lumbar pain, and the requested menthoderm (methyl salicylate 15% menthol 10%) gel 360 gm appears reasonable for this type of condition. Recommendation is for authorization.