

Case Number:	CM14-0147951		
Date Assigned:	09/19/2014	Date of Injury:	07/27/2011
Decision Date:	11/03/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 Pain Management 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 injured worker is a 47 year old male with a date of injury on July, 27, 2011. He underwent a permanent and stationary evaluation on March 26, 2014 by this primary treating physician. He initially injured his low back while working as a cook. He also has a history of left knee pain and arthroscopy due to a work related injury on September 24, 2010. The injured worker's low back pain is constant in nature and radiates in the bilateral legs. He had been referred to pain management and undergone epidural steroid injections, which did not provide relief. The injured worker also has gastritis and has been prescribed Omeprazole. Physical examination showed the injured worker to be wearing a lumbar support and left knee brace. The lumbar spine paraspinal muscles were tender to palpation; there was a positive straight leg-raise on the left and decreased lumbar spine range of motion. Diagnoses included lumbar sprain/strain with radiculitis, lumbar degenerative disc disease, gastritis, stress and anxiety. Recommendations included moist heat treatments, topical analgesic ointments, anti-inflammatories and home exercise program. A magnetic resonance imaging scan of the lumbar spine performed on December 15, 2012 showed multilevel degenerative disc disease and neuroforaminal stenosis causing effacement or encroachment of the L2, L3 and L4 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm ointment (duration and frequency unknown) (DOS 7/2/14): 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 injured worker has chronic low back and leg pain likely secondary to lumbar spine degenerative disc disease and radiculopathy. He has undergone conservative treatment with medication, home exercise as well as treatment with epidural steroid injections. He continues to have low back pain that inhibits his function. A topical analgesic, Mentherm ointment, was prescribed to reduce the injured worker's low back pain. However, per the Medical Treatment Utilization Schedule guidelines, there is little medical literature supporting the use of compounded topical medications such as this ointment. This medication is typically utilized for the temporary relief of minor musculoskeletal pain and its use for chronic pain is not supported by the medical literature. Therefore, the requested Mentherm ointment is not medically necessary.