MAXIMUS Federal Services

Case Number:	CM14-0157218		
Date Assigned:	09/30/2014	Date of Injury:	03/07/2012
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Practice 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:

This injured worker's date of injury is 03/07/2012. This patient receives treatment for chronic low back pain with numbness and tingling that run to his lower extremities. The low back pain began on lifting a table. The patient received physical therapy. On 11/26/2013 a lumbar MRI revealed an L5-S1 disc herniation. On 02/12/2014 the patient had ESIs at L4 and L5. The medications taken include a Medrol dose pack and acetaminophen with codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Theracane, DOS: 9/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Massage therapy, page 60 Page(s): 60.

Decision rationale: This patient has chronic low back pain. Theracane is a hook shaped OTC apparatus marketed for self-massage of tender muscle regions. There are no clinical studies that show that this apparatus is an effective treatment modality for dealing with chronic low back pain. There is some evidence that the use of a massage therapist can help in treating post-

operative pain, which is not this patient's problem. Based on the documentation, the Theracane is not medically indicated.

Retrospective request for Dendracin Cream QTY: 1, DOS: 9/8/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient has chronic low back pain. Topical analgesics are experimental when used to treat chronic pain, because clinical trials fail to show efficacy. In addition, when a compounded product contains at least one drug or drug class that is not recommended, then that compounded product is not recommended. Dendracin contains: methyl salicylate 30%, capsaicin 0.0375%, and menthol 10%. Methyl salicylate is an NSAID. Topical NSAIDs are not medically indicated to treat chronic pain. Capsaicin 0.0375% is a strength that is not medically indicated at this time. Menthol is a topical irritant that is not medically indicated at this time. Dendracin is not medically indicated for this patient.