

Case Number:	CM14-0158884		
Date Assigned:	10/02/2014	Date of Injury:	12/23/2012
Decision Date:	11/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of December 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for topical Methoderm. The applicant's attorney subsequently appealed. In an October 25, 2013 progress note, the applicant reported ongoing complaints of low back pain. The applicant reported using Soma, Motrin, and Vicodin, it was acknowledged at that point in time. Injection therapy was pending, it was further noted. In an October 29, 2013 progress note, the applicant reported ongoing complaints of low back pain and was given prescription for Naprosyn, Prilosec, Tramadol, Norco, and Zanaflex while remaining off of work, on total temporary disability. In a May 19, 2014 progress note, the applicant reported ongoing complaints of shoulder and low back pain. The applicant was given prescription for Naprosyn, Norflex, and Methoderm. The applicant had not returned to work, it was acknowledged. On April 14, 2014, the applicant was again given prescription for Norflex, Naprosyn, and Methoderm and again given a rather proscriptive 10-pound lifting limitation which has effectively resulted in applicant's removal from the workplace. On April 14, 2014, it was acknowledged that the applicant reported unchanged, 6-7/10 pain, and had not returned to work. In an earlier note dated March 3, 2014, the applicant was given prescriptions for Ultram, Fexmid, Methoderm, and Naprosyn. Physical therapy, manipulative therapy, and the same, unchanged, a rather proscriptive 10-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment 120ml, BID (twice a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Functional Restoration Approach to Chronic Pain Management 9792.20f Page.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Mentoderm are recommended in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendation. In this case, however, the applicant is off of work. The attending provider has failed to outline any quantifiable decrements in pain and/or material improvements in functional affect as a result of ongoing Mentoderm usage. Ongoing usage of Mentoderm has failed to curtail the applicant's dependence on other analgesic medications, including Norco, Norflex, Naprosyn, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentoderm. Therefore, the request was not medically necessary.