MAXIMUS Federal Services

Case Number:	CM14-0163007		
Date Assigned:	10/08/2014	Date of Injury:	03/09/2012
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 27 year old female with an injury date of 03/09/12. The 08/29/14 progress report by [redacted] states the patient presents with lower back pain rated 8/10. Examination of the lumbar spine reveals significant decrease in range of motion as well as tenderness to palpation of the paravertebral region and spasm bilaterally. The patient's diagnoses include: Lumbar degenerative disease; Lumbosacral of Thoracic neuritis or radiculitis unspecified and Myofascial pain. Medications are listed as Tramadol, Topiramate, Omeprazole, Tens patches, and Menthoderm. The utilization review being challenged is dated 09/09/14. Reports were provided from 08/01/14 to 08/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment: 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 Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with lower back pain rated 8/10. The treater requests for: Menthoderm ointment. MTUS page 111 states that Topical Analgesics (NSAIDs) are

indicated for peripheral joint arthritis/tendinitis.The requested medication is a compound analgesic containing Methyl Salicylate and Menthol. In this case, this patient does not present with peripheral joint problems. Therefore, recommendation is for denial.

TENS electrodes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The patient presents with lower back pain rated 8/10. The treater requests for: TENS electrodes x2. MTUS Transcutaneous electrotherapy pages 114-116 state that TENS, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration,"In this case, the treater does not discuss this request. Presumably the patient is utilizing a TENS unit; however, in the reports provided the treater does not discuss the use of the unit or that it is of help to the patient. MTUS page 8 require that the physician monitor and make appropriate recommendations regarding treatment. Therefore, recommendation is for denial.