

Case Number:	CM14-0163069		
Date Assigned:	10/08/2014	Date of Injury:	01/18/2013
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
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 Occupational Medicine 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 low back, foot, and ankle pain reportedly associated with an industrial injury of January 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical agents. In a utilization review report dated September 26, 2014, the claims administrator denied a request for topical Methoderm and Promolaxin. The applicant's attorney subsequently appealed. In a May 8, 2014, Medical-Legal Evaluation, the applicant reported ongoing complaints of low back and foot pain, 6-7/10. It was acknowledged that the applicant had transferred care to and from various providers in various specialties. The applicant was not working and had apparently not worked since August 2013. The applicant expressed concerns over the extended financial hardship. In a June 12, 2014, progress note, the applicant reported ongoing complaints of low back and hip pain. Prescriptions for Naprosyn, tramadol, topical creams, and Methoderm were issued. The applicant was asked to continue acupuncture. The applicant's work status was not clearly stated. It is not evident whether or not the request for Methoderm was a first-time request or a renewal request. In a June 2, 2014, progress note, the applicant was given prescriptions for Naprosyn, Terocin, and Promolaxin, a stool softener. On July 10, 2014, the applicant was apparently given prescriptions for Naprosyn, tramadol, and Methoderm. The note was very difficult to follow. On July 14, 2014, the applicant was asked to continue Promolaxin and Methoderm, along with acupuncture and a lumbar support. The applicant's low back, hip, and foot pain were described as severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Creams: 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 Salicylate Topicals Page(s): 105.

Decision rationale: On page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of topical salicylates such as Mentoderm 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 his choice of recommendations. In this case, however, the applicant is off work, on total temporary disability, despite ongoing usage of Mentoderm. Ongoing usage of Mentoderm has failed to curtail the applicant's dependence on opioid agents such as tramadol or other treatments such as acupuncture. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Mentoderm. Therefore, the request is not medically necessary.

Promolaxin: Overturned

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 Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. DailyMed - PROMOLAXIN- docusate sodium tablet dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=72d8e93e-d6a7... Apr 15, 2011 - Label: PROMOLAXIN- docusate sodium tablet. Label RSS; Share. : JavaScript needed for Sharing tools. Bookmark & Share ...

Decision rationale: Per the National Library of Medicine (NLM), is a variant of docusate sodium (Colace), a stool softener/laxative. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. In this case, the applicant is using tramadol, a synthetic opioid. Prophylactic provision of Promolaxin, a stool softener/laxative, is indicated in conjunction with usage of tramadol. Therefore, the request is medically necessary.