MAXIMUS Federal Services

Case Number:	CM14-0172198		
Date Assigned:	10/23/2014	Date of Injury:	02/11/2013
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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:

This is a 63-year-old male with a 2/11/13 date of injury, when he sustained a low back injury after putting in a toilet. The patient was seen on 10/2/14 with complaints of 4-7/10 constant right low back pain with intermittent radiation to the right leg, pop in low back when moving from side to side and constant 3-4/10 pain in the right knee. Exam findings of the lumbar spine revealed flexion 25 degrees, extension 5 degrees, lateral flexion 10-15 degrees and left lateral flexion 10 degrees. There was spasm and tenderness in the mid/low back and buttocks; tenderness at the SI joints and tenderness at the right knee. The patient was noted to be on Phentermine 37.5 mg. The diagnosis is degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica and knee sprain/strain. Treatment to date: TENS unit, aqua therapy, work restrictions, physical therapy and medications. An adverse determination was received on 9/30/14 for lack of rationale indicating why the patient required this particular topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. There is a lack of rationale which would establish that there is any necessity for this specific brand name and it is not clear why the patient can not utilize other over the counter topical menthol salicylates. Therefore, the request for Menthoderm was not medically necessary.