

Case Number:	CM14-0178111		
Date Assigned:	10/31/2014	Date of Injury:	06/12/2014
Decision Date:	12/08/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Medicine and is licensed to practice in Pennsylvania. 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:

On June 12, 2014 this worker while working as an animal technician sustained a right shoulder and thoracic and lumbar spine injury when she twisted her back while bending forward to catch a falling cage with an animal in it. She complains of low back pain, right leg pain, numbness, weakness, and right shoulder pain. Diagnoses include myofascial pain syndrome, repetitive strain injury, lumbar spine strain, rotator cuff syndrome, lumbosacral radiculopathy. Medications on 10/7/14 included Naprosyn, Omperazole, Flexeril, Neurontin. Mentherm was also requested. On 10/2/14 a request was made for trigger point injection x 4 to right LS paraspinal muscles with lidocaine and Kenalog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 105.

Decision rationale: Mentherm contains methyl salicylate and menthol. Methyl salicylate is recommended and has been found to be significantly better than placebo in chronic pain. This is

listed under salicylate topicals in the MTUS. Bengay is given as an example and it contains methyl salicylate and menthol. The section on topical analgesics does not specifically address this medication as does the section on salicylate topicals, therefore this decision is based on the MTUS guidelines specifically addressing salicylate topicals. Although the original note stated that Methoderm was being prescribed for numbness, an appeal letter regarding Methoderm on October 22, 2014, stated this medication was being prescribed for pain.

Trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 122.

Decision rationale: Trigger point injections are recommended for chronic low back or neck pain with myofascial pain syndrome when all of certain criteria are met. Included among the criteria is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and that radiculopathy is not present by exam, imaging, or neuro-testing. These criteria were not met. Trigger points were not adequately documented and this worker has a diagnosis of radiculopathy.