

Case Number:	CM14-0025006		
Date Assigned:	06/13/2014	Date of Injury:	04/29/2013
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 36 year-old male injured on 4/29/2013. The mechanism of is a low back injury that occurred while digging to uncover pipes. The most recent progress notes dated 11/26/2013 and 1/15/2014, indicates that there are ongoing complaints of low back pain that radiates the left lower extremity. Physical examination of the lumbar spine demonstrated tenderness to the lumbar spine with muscle spasm; range of motion: 45/90; normal gait. MRI lumbar spine dated 7/18/2013 demonstrates a 3 mm disk herniation eccentric to the left at L4/5 resulting in foraminal stenosis, but without obvious nerve root impingement. The electromyogram/nerve conduction study (EMG/NCS) dated 9/11/2013 showed electrodiagnostic evidence consistent with a left-sided L5 lumbar radiculopathy. Previous treatment includes physical therapy, chiropractic treatment, TENS unit rental and medications to include: tramadol, Naproxen and Menthoderm. A request had been made for #1 prescription of Menthoderm gel 120 gm and #1 TENS unit was not certified in the utilization review on 2/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MENTHODERM GEL 120GM: 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 Salicylate Page(s): 105.

Decision rationale: Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. Chronic Pain Medical Treatment Guidelines support the use of topical salicylate (e.g. methyl salicylate) because it is significantly better than placebo in chronic pain. The guidelines also specifically comment on individual ingredients used in a topical preparations and do not recommend 'other' ingredients. The medication prescribed has two active ingredients: methyl salicylate and menthol. It is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. Additionally, the guidelines specifically state that any product that contains at least one drug or drug class that is not recommended, then the entire product is not recommended. When noting that neither menthol nor methyl salicylates are indicated for the treatment of lumbar radiculopathy and are not supported by the guidelines the request is not considered medically necessary.

1 TENS UNIT: 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 Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines support the use of a transcutaneous electrical nerve stimulation (TENS) unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration, for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The medical records provides no documentation of improvement in pain or function with his current TENS unit, as he continues to complain of +7/10 pain at his last two office visits in November 2013 and January 2014. As such, the request for purchase of a TENS unit is not considered medically necessary.