

Case Number:	CM14-0032185		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2012
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 who is 42-year old male who reported an injury on 10/05/2012 due to an industrial work related injury. It was noted that the MRI on 12/14/2013 revealed a 1-2mm disc bulge of at L4-L5 of the lumbar spine. On 01/22/2014 injured worker complained of low back, mid back pain with stiffness and sexual problems. It was noted the injured worker pain level was 6-7/10 with mild improvement. On 01/22/2014 the injured worker objective findings revealed tenderness along the thoracic of the low back and lumbar paravertebral muscles. It was noted the injured worker had pain on the straight leg raise test in the low back. The injured worker flexion was 50 degrees, extension 20 degrees and lateral flexion 20 degrees. The injured worker medication included Flexeril and Mentherm. The injured worker diagnoses included thoracic spinal strain and lumbar spinal strain. The treatment plan of the injured worker included a decision for retrospective request for Mentherm ointment QTY: Unspecified. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm ointment QTY: Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

Decision rationale: The injured worker diagnoses included thoracic spinal strain and lumbar spinal strain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Methoderm ointment contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Methoderm ointment would be applied and unspecified quantity of the ointment was not provided. As such, the request for retrospective request for Methoderm ointment QTY: Unspecified is not medically necessary and appropriate.