

<b>Case Number:</b>	CM14-0036757		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/26/2005
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 injured worker is a 65-year-old female who reported an injury on 08/26/2005 due to a fall. The injured worker received pain medication, was placed on conservative care, and later received a bilateral hemilaminectomy at L4-5 and L5-S1 on 03/20/2006. The physician diagnosed the injured worker postoperatively as having degenerative disc disease. Subjectively, the injured worker reported a decrease in lower back pain but bilaterally leg discomfort remained unchanged. The injured worker would continue with physical therapy. The injured worker received an epidural steroid injection to the lumbar spine on 12/06/2005, 12/12/2005, and 01/03/2006. The injured worker stated the pain to both her legs was gone. On 11/28/2007, the injured worker underwent arthroscopic subacromial decompression of the rotator cuff, arthroscopic subacromial decompression with resection of the coracoacromial ligament, and a partial resection of the distal clavicle. Postoperative medications and conservative care continued. The patient has continued on postsurgical care including physical therapy, conservative care, and medications which include Benicar, Avandia, Glyburide, Metformin, ranitidine, Naprosyn, Hydrocodone, and Orphenadrine. The injured worker continues to complain of pain with no improvement in condition despite a pain management physician who assessed her on 08/24/2012. On that date, the injured worker presented conflicting evidence during a physical exam, stating she could not perform certain range of motion activities and yet performed them when they were not a part of the test. Objective findings by the physician indicated he felt she was now stable and permanent and is no longer in need of his services. The injured worker is now requesting Menthoderm cream, a Rollator for ambulation, and a pain management consultation with [REDACTED] for chronic medication management. A request for authorization form and rationale for Menthoderm was not submitted for review. A request for authorization form for a Rollator for ambulation and pain management consultation

██████████ for chronic medication management was signed on 02/25/2014 and submitted for review without rationale included.

### **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 Analgesic.

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

**Decision rationale:** Under California MTUS Guidelines topical analgesics are recommended as an option. Topical analgesics are largely experimental in the use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Mentoderm is comprised of Methyl Salicylate and menthol. Methyl Salicylate is an approved topical analgesic; however, menthol is not. As such, the request is not medically necessary.

**Rollator for Ambulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

**Decision rationale:** The ODG Guidelines for knee and leg, walking aids, list this as recommended. However, the injured worker does not present with knee pain at this time. The ODG Guidelines also recommend this for patients with osteoarthritis to the hips and pelvic region. The injured worker does not present with this diagnosis either. The use of a Rollator for ambulation for low back pain is medically unnecessary and as such is not medically necessary.

**Pain Management Consult with ██████████ for Chronic Medication Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Medical Practice Standard medical criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 872-873.

**Decision rationale:** The California MTUS Guidelines for low back disorders and chronic pain management programs state quality pain management and functional restoration programs have varying components but their common theme is to return works with delayed recovery to functional status. Patients who are ideal candidates have the following characteristics: (a) are either completely off work or on modified duty for at least 6 weeks, (b) lack an identifiable and remediable cause for the lower back pain, (c) have substantial gaps between current physical capabilities and actual or projected occupational demands, (d) have some contributory behavioral issues also necessitating treatments, (e) are not responding to less costly interventions including quality physical therapy programs, and (f) are committed to recovery. These patients may have also failed a work conditioning/work hardening program. The injured worker has been authorized to return to work on modified duty. The injured worker does show substantial gaps between current physical capabilities and actual or projected occupational demands. However, the injured worker does not show any sign of being committed towards recovery as demonstrated by attempting to falsify subjective and objective findings with her previous pain management physician. The injured worker has received conservative care including physical therapy, surgeries, epidural steroid injections, and medications to attempt to alleviate pain and discomfort while restoring the injured worker to her previous standing physically. The injured worker presents as having no improvement in subjective symptoms; however, she does show progress objectively by the physician. As the injured worker is not committed to a recovery, the request is not medically necessary.