

Case Number:	CM14-0039913		
Date Assigned:	06/27/2014	Date of Injury:	08/01/2012
Decision Date:	12/12/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a woman who sustained a work-related injury on August 1, 2012. Subsequently, the patient developed with chronic neck pain and low back pain. According to a progress report dated on January 13, 2014, the patient was complaining of constant neck pain radiating to right upper extremity, bilateral ankle pain, low back pain, shoulder pain, right elbow pain, anxiety and depression as well as stress and insomnia. The patient physical examination demonstrated the cervical spasm with reduced range of motion, reduced range of motion of both upper extremities, reduced range of motion of the right knee. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 240 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter

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

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Mentoderm 240 gram is not medically necessary.

TENS unit and supplies x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, chronic pain (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. The provider should document how TENS will improve the functional status and the patient's pain condition. There is no documentation of one month successful trial of TENS. Therefore, the prescription of TENS unit is not medically necessary.

Paraffin wax treatment home kit: Upheld

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

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

Decision rationale: There is no documentation that the patient developed arthritis. Topical medications are not recommended for pain treatment as per MTUS guidelines.

Follow up evaluation with pain management doctor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for the follow up visit. There is no documentation of the reasons, the specific goals and end point for this consultation. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. Therefore, the request for a follow up evaluation with pain management doctor is not medically necessary.