MAXIMUS Federal Services

Case Number:	CM14-0045283		
Date Assigned:	06/27/2014	Date of Injury:	03/25/2013
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 applicant is a [redacted] Restaurant employee who has filed a claim for low back pain reportedly associated with an industrial injury of March 25, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; and NSAIDs.In a utilization review report dated March 13, 2014, the claims administrator partially certified a request for 8 sessions of cognitive behavioral therapy as 3 sessions of cognitive behavioral therapy, approved a request for Naprosyn, approved a followup visit, and denied a request for topical Menthoderm lotion. The claims administrator cited non-MTUS ODG Guidelines on followup visits. Non-MTUS ODG Guidelines were cited to deny topical Menthoderm, although the MTUS did address the topic.The applicant's attorney subsequently appealed.A June 9, 2014, progress note is notable for comments that the applicant reported persistent complaints of multifocal neck, low back, rib cage, and wrist pain. The applicant reported overall 8-9/10 pain complaints. The applicant was asked to continue oral Naprosyn and obtain an SI joint belt. The applicant was asked to begin usage of a TENS unit. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.A hand specialty consultation of June 9, 2014, was notable for comments that the applicant carried diagnoses of bilateral de Quervain tenosynovitis versus bilateral thumb joint CMC disease. MRI imaging of the thumbs and wrists was sought. The applicant was described as no longer working and did have a past medical history notable for both hypertension and depression.On December 6, 2013, the applicant was described as depressed. 8/10 multifocal pain complaints are noted. The applicant reportedly gained 10 pounds. The applicant was no longer working as a waitress, it was stated. It was stated that the applicant should try Menthoderm and consider Cymbalta at the next visit. Cognitive behavioral therapy was suggested, as was a functional restoration program.On January 24, 2014, the attending provider stated that he was appealing previously denied cognitive

behavioral therapy, Cymbalta, and Menthoderm. Despite the fact that the applicant was not working, the attending provider stated that ongoing usage of Menthoderm was beneficial. The applicant did report pain ranging from 5-9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Cognitive Behavioral Therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Topic Page(s): 23.

Decision rationale: The request in question seemingly represents a first-time request for cognitive behavioral therapy. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, however, cognitive behavioral therapy should initially be delivered via a 3- to 4-session trial over two weeks. A total of up to 6 to 10 visits are recommended over five to six weeks, with demonstration of functional improvement. In this case, then, the 8-session initial course of cognitive behavioral therapy sought by the attending provider did represent treatment well in excess of MTUS parameters. No rationale for treatment thus far in excess of MTUS parameters was provided. Therefore, the request is not medically necessary.

Menthoderm lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Topic Page(s): 105, 7.

Decision rationale: Menthoderm is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topicals in the treatment of chronic pain, in this case, however, the request in question is a renewal request. The applicant has been using Menthoderm lotion for what appears to be a span of at least a few months. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider shoulder incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, ongoing usage of Menthoderm has failed to diminish the applicant's reliance on other forms of medical treatment. Specifically, the applicant is still using a hand and wrist brace for de Quervain tenosynovitis. The applicant is continuing to use oral Naprosyn for pain relief. The applicant remains off work, on total temporary disability. All of the above, taking together, imply a lack of functional improvement as defined in MTUS 9792.20(f) despite ongoing usage of Menthoderm. Therefore, the request is not medically necessary.