

<b>Case Number:</b>	CM14-0050566		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 44-year-old male, who reported injury on 09/04/2013. The mechanism of injury was a slip and fall. The diagnoses included lumbar and cervical spine strain and sprain and lumbar disc protrusion. The injured worker's medications were noted to include cyclobenzaprine, omeprazole, and ibuprofen. Prior treatments included physical therapy and medications. The surgical history was stated to be none. The diagnostic studies were noted to include x-rays. The most recent documentation was dated 01/16/2014. The documentation was handwritten and difficult to read. What was legible included there was decreased range of motion. The injured worker had a lumbar sprain and strain and a cervical sprain and strain. The treatment plan included chiropractic care 3 times a week x6 weeks, a refill of ibuprofen 800 mg, Flexeril 7.5 mg, Prilosec 20 mg, and Norco 10/325, as well as a urinalysis. There was no Request for Authorization form submitted for review for the requested treatments and no specific Primary Treating Physician's Progress Report (PR-2) submitted for the physical medicine treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 sessions per week for 6 weeks to lumbar:** 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) Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9-10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. There was a lack of documentation indicating the quantity of sessions that had been attended. The original date of request was not provided. The request as submitted would be considered excessive, as the maximum number of sessions is 9-10 visits. There was a lack of documentation of objective functional deficits to support the necessity for continued supervised therapy. Given the above, the request for physical therapy 3 sessions per week for 6 weeks to lumbar is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. There was no Request for Authorization form submitted for the request. The date of service could not be established. There was a lack of documentation of the above criteria. Given the above, the request for urine toxicology is not medically necessary. Additionally, the request as submitted failed to indicate the quantity of urine drug screens being requested. Therefore the request is not medically necessary.

**Menthoderm ointment:** 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 Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The duration of use could not be

established through supplied documentation. The original date of request was not supplied. The request as submitted failed to indicate the frequency and the quantity for the requested medication as well as the body part to be treated. Given the above, the request for Mentherm ointment is not medically necessary.