

Case Number:	CM14-0055240		
Date Assigned:	07/07/2014	Date of Injury:	01/07/2013
Decision Date:	08/07/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 63-year-old male who reported a fall back onto another tractor and injured his lower back on 01/07/2013. On the clinical notes dated 02/13/2014, the injured worker complained of pain in the lower back with radiation to the right leg. The injured worker rated his pain level at an 8/10 and at a 6/10 at its best. It was annotated that the injured worker avoids physical exercise, performing household chores, participating in recreation, driving, grocery shopping, and sexual relations due to his pain. Prior treatments included physical therapy and prescribed medications. The injured worker's prescribed medications included tramadol ER, naproxen, and ibuprofen. It was noted that with the use of these medications, the injured worker's pain level status goes from 8/10 to 4/10 to 5/10, but frequently results in heartburn. The physical examination of the lumbar spine revealed range of motion to forward flexion to be 60 degrees, extension is 20 degrees, and side bending was 30 degrees to the right and 30 degrees to the left. The rotation was limited. There was also tenderness to palpation over the bilateral lumbar paraspinal muscles. It was also noted there was a positive straight leg raise test on the left in the seated and supine position to 45 degrees. The sensory exam revealed diminished sensation in the left L5 and S1 dermatomes of the lower extremities. The diagnoses included lumbar radiculitis. The treatment plan included a request for an MRI of the lumbar spine, and medications of Ultram ER 150 mg by mouth, naproxen 550 mg, Prilosec 20 mg, and a 30-day TENS unit trial. The request for retrospective (dispensed 02/14/2014) Menthoderm ointment (duration and frequency unknown) with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dispensed 2/14/14): Menthoderm ointment (duration and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate compound Page(s): 105.

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

Decision rationale: The request for retrospective (dispensed 02/14/2014) Menthoderm ointment (duration and frequency unknown) is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the clinical notes provided for review, there is a lack of documentation of the request or the use of any topical analgesics. Furthermore, the request does not specify the location, duration, or frequency of which the Menthoderm ointment is to be used. Therefore, the request for retrospective (dispensed 02/14/2014) Menthoderm ointment (duration and frequency unknown) is not medically necessary.