

Case Number:	CM14-0086808		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2012
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 and 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 49-year-old male who reported injury on 05/11/2012 while working at [REDACTED] as a cook as he was carrying pumpkins and squashes, he slipped on a wet floor. He did not fall but he twisted his back with immediate pain in his back going down the right leg. The injured worker's treatment history included physical therapy, MRI, x-rays, and medications. The injured worker was evaluated on 04/29/2014 and it was documented the injured worker complained of pain of the cervical, thoracic and lumbar spine with no radiating pain and no numbness or tingling. Physical examination revealed positive Kemp's and negative straight leg raise. Diagnosis included cervical spine annular tear/disc protrusion of thoracic spine. Medications included Methoderm cream. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulating Therapy (LINT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines adopted by the state of Colorado.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, state NMES is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. The documents submitted indicated the injured worker has had prior physical therapy however, the outcome measurements were not submitted for review. As such, the request for localized Intense Neuro Stimulating Therapy (LINT) is not medically necessary and appropriate.

Menthoderm Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Menthoderm ointment contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Menthoderm cream would be applied and unspecified quantity of the ointment was not provided. As such, the retrospective request for Menthoderm cream is not medically necessary and appropriate.