

Case Number:	CM13-0040972		
Date Assigned:	12/20/2013	Date of Injury:	04/26/2012
Decision Date:	08/07/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 37 year old male who sustained an industrial injury on 04/26/2012 due to a slip and fall. The injured worker was diagnosed with herniated nucleus pulposus and L4-5 instability. Treatment to date has included recent X-rays and magnetic resonance imaging (MRI) of the lumbar spine in October 2012 and September 2012 respectively, physical therapy, epidural steroid injection (February 2013), chiropractic therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, back brace and medications. According to the primary treating physician's progress report on September 12, 2013, the injured worker continues to experience progressive low back pain with numbness and tingling of the right leg with difficulty ambulating. The injured worker rates his pain level at 9/10. Examination demonstrated lumbar tenderness with positive straight leg raise and bowstring tests on the right. There was normal sensory, deep tendon reflexes, pulses and power test of the bilateral upper and lower extremities except for right lower extremity weakness documented at 4/5. The injured worker was able to toe walk bilaterally but unable to heel walk on the right. The lumbar spine range of motion was decreased about 75%. Femoral stretch was negative bilaterally. Current medications are listed as Norco 10/325mg, Ultram 150mg, Fexmid, Naproxen, Prilosec and topical analgesics. Treatment plan consists of urine drug screening and the current request for Methoderm Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthodern Gel qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The requested Menthodern gel qty 1 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has progressive low back pain with numbness and tingling of the right leg with difficulty ambulating. The injured worker rates his pain level at 9/10. Examination demonstrated lumbar tenderness with positive straight leg raise and bowstring tests on the right. There was normal sensory, deep tendon reflexes, pulses and power test of the bilateral upper and lower extremities except for right lower extremity weakness documented at 4/5. The injured worker was able to toe walk bilaterally but unable to heel walk on the right. The lumbar spine range of motion was decreased about 75%. Femoral stretch was negative bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Menthodern gel qty 1, is not medically necessary.