MAXIMUS Federal Services

Case Number:	CM14-0129263		
Date Assigned:	08/18/2014	Date of Injury:	12/17/2007
Decision Date:	02/28/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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. 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: Preventive Medicine, Occupational 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:

According to the records made available for review, this is a 67-year-old male with a date of injury on 12/17/2007. Medical records from 01/24/2014 noted that the injured worker was bending down and when he stood up he started to experience back pain that radiated to the lower extremity. Documentation from 01/24/2014 indicated the diagnoses of lumbar disc displacement with left radiculitis, lumbar subluxations, and chronic lumbar sprain/strain. Subjective findings noted on comprehensive report from 06/04/2014 noted an examination on 06/02/2014 that was remarkable for complaints of low back pain with numbness and weakness to the lower extremities with the left extremity greater than the right and a pain rating of eight out of ten. Physical examination from the same date was remarkable for muscle spasm and pain with palpation at lumbar two to lumbar five, with limited range of motion to the dorsolumbar region with myospasm and pain, 80 degrees flexion, positive Kemp's test, positive Ely's test, and positive Yeoman's test. The treating physician also noted the left lower extremity to be weaker than the right. Comprehensive report from 06/04/2014 noted lumbar magnetic resonance imaging from 01/28/2008 that was revealing for disc bulge at lumbar four to five pressing on the left nerve root, foraminal narrowing at lumbar four to five, grade I anterolisthesis of lumbar five to sacral one with associated degenerative disc disease, degenerative disc disease at lumbar two to three and lumbar three to four, and fatty marrow foci at thoracic eleven and twelve. Prior treatments offered to the injured worker included chiropractic therapy, acupuncture therapy, and a medication history of Gabapentin, Zolpidem, Lidoderm, and Trazadone. Documentation from 01/24/2014 from treating chiropractor noted that six visits were completed with results of

temporary and slight improvement, however the medical records provided lacked documentation of a treatment plan, or results of prior chiropractic therapy with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records included twelve acupuncture sessions noting improvement in an increased range of motion and increased muscle strength; however the medical records lacked documentation of functional improvement, improvement in work function, or in activities of daily living. Medical records provided also lacked documentation of specific details on effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Physician documentation from 07/18/2014 noted a disability status of permanent and stationary. On 08/04/2014, Utilization Review non-certified the prescription for Menthoderm (menthol/methyl salicylate) times three. The prescription for Menthoderm (menthol/methyl salicylate) was noncertified based on California Medical Treatment Utilization Schedule (MTUS) 2009, Chronic Pain Treatment Guidelines, page 105, pages 111 to 113; and Official Disability Guidelines Treatment in Worker's Compensation, 12th Edition, Pain, Topical Analgesics with the Utilization Review noting that the use of topical nonsteroidal anti-inflammatory drugs is not supported for use of treatment in osteoarthritis of the spine or for use for neuropathic pain. The Utilization Review also noted that the Official Disability Guidelines noted that in rare cases the use of topical pain relievers containing menthol of methyl salicylate can cause burns and also noted that any compounded medication that contains one medication that is not recommended does not recommend the compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (menthol/methyl salicylate) X3 (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation,12thedition, Pain (updated 03/18/2014), Salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics:Salicylate Topicals Page(s): 111-113:103. Decision based on Non-MTUS Citation Pain; Compounded Drugs

Decision rationale: MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a speciality prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. MTUS Guidelines specifically state that over the counter topicals are recommended under these circumstances. In addition, ODG Guideines specifically address the medical appropriatness of prescribed componded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Mentoderm Cream is not medically necessary.