

Case Number:	CM14-0188222		
Date Assigned:	11/18/2014	Date of Injury:	08/23/2007
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 and is licensed to practice in Maryland. 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:

This 37 year old male sustained injury on 8/23/07 involving his lower back, experiencing pain and discomfort after lifting a cement mixture. He initially sought chiropractic treatment and was on modified duty. One month later he increased back problems due to lifting and was seen by another provider who gave him analgesics and modified duty. In 2/2008 a lumbar MRI revealed underlying disc problems and nerve conduction studies revealed positive nerve damage and acute moderate radiculopathy of the left L5 spinal nerve root. In 2008 he saw an orthopedist who prescribed chiropractic and physical therapy and the injured worker was off work. His provider was changed again and the new provider prescribed acupuncture and returned him to work on modified duty. It was later felt that his condition had reached a permanent and stationary level and has reached maximum medical improvement. On 6/12/14 his work status was total temporary disabled. Currently (10/24/14) the injured worker's condition is unchanged and involves increased low back pain which is intermittent pressure and tightness that increases with cold weather and activity (for example prolonged sitting/ standing/ walking, bending and lifting) that occasionally radiates to the left lower extremity with soreness/ stiffness to left calf. He is not having fecal/ urinary incontinence. Medication includes Naprosyn, omeprazole, Soma and a sleep aid (he is not sure of the name) Other treatment to date includes home exercise program, ice therapy, self physical therapy and transcutaneous electrical nerve stimulus. His diagnoses include thoracic sprain/ strain and lumbosacral joint/ ligament sprain/ strain. A lumbar MRI was requested (last MRI 7 years ago). The injured worker remains off work. On 11/4/14 Utilization Review non-certified a prescription for Methoderm #1 based on current treatment guidelines (MTUS/ ACOEM, ODG) which state that any compounded medication that contains a drug or drug class that is not recommended is not recommended. Methoderm contains topical menthol which lacks support for topical use per current guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearing house

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105.

Decision rationale: The request was for Mentherm topical. Mentherm is topical methyl salicylate and menthol. Topical Salicylates are recommended in the treatment of various chronic pain conditions. The employee had back pain and radiculopathy. He had ongoing pain despite multiple medications, physical therapy and TENS unit. He was not working. The request for Mentherm is medically necessary and appropriate to limit the use of oral medications and to continue to control ongoing pain.