

Case Number:	CM14-0190357		
Date Assigned:	11/21/2014	Date of Injury:	07/27/2013
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical compounds; and genetic testing. In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for Methoderm patches. The claims administrator stated that its decision was based on an October 27, 2014 RFA form seeking retrospective authorization for several drugs, including Methoderm. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported persistent complaints of low back pain. It was stated that the applicant had returned to work on September 18, 2014 after having been declared permanent and stationary on September 8, 2014. Tramadol and Voltaren gel were prescribed. It was stated that the tramadol represented a renewal, while Voltaren gel was a first-time prescription. The applicant was apparently using Ativan on a p.r.n. basis from a personal physician, it was further noted. In a September 8, 2014 progress note, the applicant reported persistent complaints of low back pain, neck pain, left knee pain, and left hip pain. The applicant was using tramadol and Methoderm regularly, it was stated. The applicant was able to walk without any difficulty. A 40-pound lifting limitation and 5% whole person impairment rating were issued. The applicant stated that she was able to walk on a treadmill and posited that her medications were substantially increasing her activity levels and reducing her pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel tubes: Upheld

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

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

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylic topicals such as Mentoderm are recommended in the treatment of chronic pain, as is present here. The applicant has, furthermore, demonstrated a favorable response to previous usage of Mentoderm as evinced by her successful return to and maintenance of fulltime work status as a bank teller. The applicant's ability to walk on a treadmill has reportedly been ameliorated with ongoing medication consumption, including ongoing Mentoderm consumption, the attending provider has posited. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.