

Case Number:	CM14-0197156		
Date Assigned:	01/07/2015	Date of Injury:	08/09/2005
Decision Date:	02/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 48-year-old female who reported an injury on 08/09/2005. The injured worker was reportedly bending over to lower a tray when she felt a strain in her lumbar spine. The injured worker presented on 07/24/2014 with complaints of 2/10 lower back pain with occasional right gluteus pain and right large toe tingling. Previous conservative treatment includes physical therapy and medication management. Upon examination, there was 90 degree flexion, 30 degree extension, positive straight leg raise on the right at 70 degrees, and full strength in the bilateral lower extremities. The injured worker was diagnosed with L4-5 disc protrusion with right L5 chronic radicular pain and numbness. The injured worker was given a prescription for Mentherm cream. Physical therapy twice per week for 4 weeks was requested for the lumbar spine. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Mentherm apply 1 to 4 times on affected areas (quantity/duration unknown):

Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Although it is noted that the injured worker has chronic lower back pain with radiating symptoms into the lower extremities, there is no quantity or frequency listed in the current request. Therefore, the request is not medically appropriate at this time.

(Retro) Terocin lotion (Duration/frequency/quantity unknown): Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Although it is noted that the injured worker has chronic lower back pain with radiating symptoms into the lower extremities, there is no quantity or frequency listed in the current request. Therefore, the request is not medically appropriate at this time.