

Case Number:	CM14-0203489		
Date Assigned:	12/16/2014	Date of Injury:	03/07/2014
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, 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 patient is a male 39 year old male with date of injury 03/07/14. The treating physician report dated 10/22/14 (34) indicates that the patient presents with low back pain. The physical examination findings reveal: Lumbar flexion 80 degrees, extension 20 degrees; Extension rotation to the left was pain-free whereas extension to the right cause right sacral pain. Straight leg raising on the right at 60 degrees caused back pain with knee flexion reducing it and left at 80 degrees was pain-free. Sacroiliac stretching and Gaenslen's maneuver on the right cause right sacroiliac pain and the left was unremarkable. Tenderness to the right sacroiliac joint. The current diagnosis is: 1. Disc displacement NOSThe utilization review report dated 11/12/14 denied the request for Menthoderm gel based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel: Upheld

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

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

Decision rationale: The patient presents with low back pain. The current request is for Mentherm gel. The treating physician indicates "patient has tenderness over the right sacroiliac joint" (pg 35). The MTUS Guidelines state that topical NSAIDS are indicated for peripheral joint arthritis and tendinitis. In this case the treating physician has not indicated that the patient suffers from peripheral joint arthritis or tendinitis. Based on the documentation provided and reviewed, the current request is not supported by the MTUS guidelines. Recommendation is for denial.