MAXIMUS Federal Services

Case Number:	CM15-0147102		
Date Assigned:	08/10/2015	Date of Injury:	07/03/2013
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on July 3, 2013 while working as a housekeeper. The mechanism of injury was a slip and fall while cleaning a bathroom. The injured worker landed on her left knee and her right leg extended in front of her. The injured worker experienced immediate low back, left hip, left lower extremity, left knee and left ankle pain. The diagnoses have included clinically noted lumbar radiculopathy; lumbosacral herniated disc, lumbosacral discogenic disease and left knee patellofemoral pain. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies of the lower extremities and aqua therapy. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 7, 2015 notes that the injured worker reported constant low back pain which radiated down the lower extremities. The pain was rated a 6 out of 10 on the visual analogue scale. Objective findings noted no changes. The treating physician's plan of care included a request for Menthoderm Gel 120 grams # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111.

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

Decision rationale: The patient presents on 07/07/15 with lower back pain rated 6/10 which radiates into the lower extremities. The patient's date of injury is 07/03/13. Patient has no documented surgical history directed at this complaint. The request is for Menthoderm gel 120gm #1. The RFA is dated 07/07/15. Progress note dated 07/07/15 does not provide any updated physical findings, only subjective complaints, and a discussion of future treatment plans. The patient is not currently prescribed any medications. Patient's current work status is not provided. Menthoderm gel contains Methyl salicylate and Menthol. MTUS Topical NSAIDs Section page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment". There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines, under Pain Outcomes and Endpoints pg 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the request for Menthoderm ointment, treater has not provided adequate documentation of medication efficacy to substantiate continued use and this medication is not supported for this patient's chief complaint. This patient has been prescribed Menthoderm since at least 01/06/15, though efficacy is not addressed in the subsequent reports. While this patient presents with a number of central and peripheral chronic pain complaints, MTUS guidelines require documentation of efficacy when medications are used for chronic pain. In this case, no such documentation is provided. Furthermore, this patient presents with lower back pain with a radicular component, not a peripheral condition amenable to topical NSAIDs. Therefore, the request is not medically necessary.