

<b>Case Number:</b>	CM15-0166190		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 15, 2013. In a Utilization Review report dated August 18, 2015, the claims administrator partially approved a request for Methoderm while denying 8 sessions of physical therapy. The claims administrator referenced an August 10, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form of August 10, 2015, Methoderm and 8 sessions of physical therapy were endorsed. In an associated progress note of the same date, August 10, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was described stable. Naproxen, Prilosec, Flexeril, Neurontin, and topical LidoPro were endorsed while the applicant was apparently returned to full-time work. Overall commentary was sparse. The attending provider seemingly framed the request for Methoderm as a first-time request for the same. Little-to-no discussion of medication efficacy transpired. On July 13, 2015, the applicant was given prescriptions for LidoPro, Neurontin, Flexeril, Prilosec, and naproxen. A back brace was endorsed. The attending provider acknowledged that the applicant was not working on this date in one section of the note but apparently went on to clear the applicant to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm #2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

**Decision rationale:** Yes, the request for topical Mentoderm, a salicylate topical, was medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for the same on a handwritten progress note of August 10, 2015. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentoderm are recommended in the chronic pain context present here. The first-time request for Mentoderm, thus, was indicated on or around the date in question, August 10, 2015. Therefore, the request was medically necessary.

**Physical therapy (lumbar) 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** Conversely, the request for 8 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. It was not stated why the applicant could not perform self-directed, home-based physical medicine without further formal physical therapy. It was not stated how much cumulative physical therapy the applicant had had over the course of the claim. The fact that the applicant remained dependent on a variety of different analgesic and adjuvant medications to include naproxen, Flexeril, Neurontin, LidoPro, etc., coupled with the applicant's seeming failure to return to work, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

