

Case Number:	CM15-0190678		
Date Assigned:	10/02/2015	Date of Injury:	01/18/2013
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 injured worker is a 69 year old female who sustained an industrial injury on 1-18-2013. A review of medical records indicates the injured worker is being treated for lumbar spine sprain strain disc herniation and left hip arthritis. Medical records dated 8-18-2015 noted difficulty with activities of daily living including driving and sleep. Low back pain was a 6 out 10. Medical records dated 7-27-2015 noted persistent constant low back pain. Physical examination dated 8-18-2015 noted NAD, and affect pleasant. Treatment has included Menthoderm since at least 6-18-2015, medical imaging, and a home exercise program. Lumbar spine MRI dated 10-28-2014 revealed spondylotic changes and endplate sclerotic changes. Utilization review form dated 9-4-2015 noncertified menthoderem cream for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of menthoderem cream for lumbar spine: 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, Topical Analgesics.

Decision rationale: Methoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of menthoderma gel; therefore, the request for refill of menthoderma cream for lumbar spine is medically necessary.