

Case Number:	CM15-0197498		
Date Assigned:	10/12/2015	Date of Injury:	08/14/2015
Decision Date:	12/17/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 08-14-2015. He has reported injury to the shoulders, low back, and feet. The diagnoses have included lumbar spine sprain-strain; bilateral shoulders sprain-strain; bilateral heels tendonitis; and headaches. Treatment to date has included medications and diagnostics. Medications have included Mentherm gel. A progress report from the treating physician, dated 09-01-2015, documented an initial evaluation with the injured worker. The injured worker reported back pain; pain in the shoulders; pain in the feet and heels; headaches; and stress. Objective findings included there is tenderness and spasm on the right trapezius muscles; tenderness on the deltoid muscles on the right; positive shoulder depression and shoulder apprehension tests on the right; there is lumbar spine tenderness over the L1 to L5 spinous processes; paralumbar and gluteal muscles bilaterally; positive squat and rise test and Milgram's test; positive Lasegue's test bilaterally; there is tenderness on the post calcaneus bones and Achilles tendon; and lower extremities motor strength is reduced and graded as 4+ bilaterally. The treatment plan has included the request for x-ray bilateral feet; x-ray right shoulder; x-ray for the lower spine; and Mentherm gel 240gm. The original utilization review, dated 09-22-2015, non-certified the request for x-ray bilateral feet; x-ray right shoulder; x-ray for the lower spine; and Mentherm gel 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, the patient should have met Ottawa criteria in order to have x-rays of the ankle/feet. These include tenderness over the malleolar region with tenderness at the posterior edge or tip of lateral malleolus, tenderness at the edge or tip of the medial malleolus, or inability to bear weight both immediately and in the ED. The patient could also have midfoot pain with tenderness of the fifth metatarsal, tenderness at the navicular bone, or inability to bear weight both immediately or in the ED. If there is rapid onset of swelling or bruising, if the patient is older than 55, the injury was high-velocity, if there is obvious dislocation/subluxation, or the patient cannot bear weight for more than four steps, then x-ray is warranted. A patient with continued limitation after four weeks of symptoms and unexplained physical findings may need an x-ray to clarify the diagnosis. The patient did not have any of the above, therefore, the request is considered not medically necessary.

X-ray right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: An x-ray of the right shoulder is considered not medically necessary as per MTUS guidelines. Routine radiographs for shoulder complaints are not recommended before 4-6 weeks of conservative therapy. The patient did not have documented signs of dislocation or fracture, an acute injury, AC joint separation, instability; therefore, an x-ray is not medically necessary at this time.

X-ray for the lower spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, lumbar spine x-rays are not recommended in the absence of red flags even if the pain has lasted at least six weeks. There is no documentation of there has been no change in exam that or red flags that would require a lumbar x-ray at this time. Conservative treatment measures were not documented. Therefore, the request is considered not medically necessary.

Menthoderm gel 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoder-cream.html>.

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

Decision rationale: The request for menthoderm is not medically necessary. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's spine and shoulder complaints. Topical analgesics are often used for neuropathic pain which the patient does not appear to have or has not failed antidepressants or anticonvulsants. The request is considered not medically necessary.