MAXIMUS Federal Services

Case Number:	CM15-0208918		
Date Assigned:	11/24/2015	Date of Injury:	07/28/2006
Decision Date:	12/31/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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:

This 66-year-old female sustained an industrial injury on 7-28-06. Documentation indicated that the injured worker was receiving treatment for low back and bilateral lower extremity pain. Recent treatment consisted of medication management. In a PR-2 dated 8-14-15, the injured worker complained of ongoing low back and bilateral lower extremity pain. The injured worker required a cane or a walker for ambulation. Physical exam was remarkable for 5 out of 5 bilateral lower extremity strength. The physician noted that the injured worker had "excellent" relief with previous topical medications. The treatment plan included a trail of Menthoderm. In a PR-2 dated 9-11-15, the injured worker complained of low back and bilateral lower extremity pain, rated 8 out of 10 on the visual analog scale. The injured worker denied any "new" numbness or weakness. The injured worker reported having frequent trips and falls recently attributed to right foot weakness. Physical exam was remarkable for 4- to 5- out of five motor strength to bilateral hip flexors, quadriceps, tibialis anterior and extensor hallucis longus with intact lower extremity sensation and positive bilateral straight leg raise. The injured worker wore a lumbar brace and used a cane and a shopping cart to keep her stable. The treatment plan included requesting authorization for a right foot AFO brace, electromyography and nerve conduction velocity test of bilateral lower extremities, continuing current medications (Norco and Menthoderm) and continuing home exercise. On 9-29-15, Utilization Review noncertified a request for Menthoderm #2 bottles, electromyography and nerve conduction velocity test bilateral lower extremities and right foot AFO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm #2 bottles: Upheld

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

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Menthoderm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Menthoderm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Menthoderm is not medically necessary.

EMG/NCS of the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS), EMGs (electromyography).

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

Decision rationale: The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the clinical documents, there is evidence of lack of motor function in the lower extremities, and that the patient has signs of symptoms of radiculopathy upon further testing. The EMG is indicated as a medical necessity at this time.