

Case Number:	CM15-0020186		
Date Assigned:	02/09/2015	Date of Injury:	02/02/2007
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old male who reported an injury on 02/02/2007. The mechanism of injury was unspecified. His diagnosis includes chronic pain syndrome. His past treatments include medication and injections. On 01/20/2015, the injured worker complained of increasing pain in the back with numbness of the right foot. The physical examination revealed a positive straight leg raise on the left with decreased sensation to the left foot and decreased range of motion of the lumbar spine to all planes. The treatment plan included a lumbar epidural steroid injection, as the previous one provided 75% relief. The injured worker had acute spasms in the lumbar spine paraspinal muscles. His relevant medications included Naprosyn 550 mg, omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg, and Methoderm gel. A rationale was not provided. The Request for Authorization form was submitted on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 120 gms, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Mentherm gel 120 gms, #4 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended after a failed trial of antidepressants and anticonvulsants. However, the guidelines do recommend the topical use of salicylates. The injured worker was indicated to have been given a prescription for Mentherm gel. However, there was lack of documentation in regard to a failed trial of antidepressants and anticonvulsants. In addition, the request for a refill would not be supported, as it does not allow for reassessment in between medication prescriptions. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.