

Case Number:	CM14-0135813		
Date Assigned:	08/29/2014	Date of Injury:	02/26/2007
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 52 year old male with a reported date of injury of February 26, 2007. Mechanism of injury and occupation not indicated on provided documentation. Diagnosis of degeneration of lumbar or lumbosacral intervertebral disc (722.52). Primary treating physician's progress report, dated August 02, 2014, indicates injured worker with complaint of continued low back pain intermittent that sometimes radiates the lower extremities right more than left. The MRI reveals marked spinal canal stenosis. He reports medications help with the pain about 50% and keep his pain under control and improve activities of daily living. He also reports TENS is helpful for managing his pain. Requests refill for Omeprazole 20mg, Topiramate 25mg, Tramadol/APAP 37.5/325mg and Methoderm 120mg (4oz) for topical analgesic. Work status as of this office visit is modified work as tolerated. Prior utilization review denied request for Methoderm 120gm on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics, Salicylate topicals

Decision rationale: This is a claimant with chronic low back pain for which Mentherm has been requested. Mentherm is a topical salicylate with Menthol. It appears the claimant was dispensed Mentherm on 2/8/14 and 3/18/14. The subsequent PR2s documents no discussion as to whether there was any appreciable objective evidence of improvement from Mentherm application. The topical is then switched to Lidopro which is a combination of Methyl Salicylate, Menthol, Capsaicin and Lidocaine. Again there is a lack of objective evidence as to its efficacy as throughout this time frame he remains on opioid, Tramadol 50mg or Tramadol50mg/APAP. Both CAMTUS and ODG support the use of Methyl Salicylates topically for ACUTE low back pain. The claimant is well into the chronic phase of care and the request for Mentherm is not medically necessary nor in keeping with CAMTUS or ODG guidelines and is not recommended.