

Case Number:	CM14-0146948		
Date Assigned:	09/15/2014	Date of Injury:	12/18/2000
Decision Date:	10/15/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 49-year-old male who reported an injury on 12/18/2000. Reportedly, the injured worker developed a gradual onset of pain in his low back as secondary to the repetitive arduous physical demands of his jobs while wearing a fully loaded standard issue Sam Browne belt as well as the prolonged sitting in a patrol vehicle with a gun belt and backup firearm pressed against his back. The injured worker's treatment history included MRI studies of the lumbar spine, physical therapy, pain management consultation, topical analgesics, and EMG/NCV studies. The injured worker was evaluated on 07/31/2014 and it was documented that the injured worker complained of frequent pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain was characterized as sharp. There was radiation of pain into the lower extremities. The injured worker's pain was improving. The pain was a 5/10 on the pain scale. The examination of the lumbar spine revealed there was palpable paravertebral muscle tenderness with spasm. The seated nerve root test was positive. Range of motion was standing flexion and extension were guarded and restricted. The diagnoses included lumbago. Medications included Voltaren SR 100 mg, cyclobenzaprine 7.5 mg, Ondansetron 8 mg, omeprazole 20 mg, tramadol 150 mg, and Methoderm gel 120 mg. The rationale for the Methoderm gel 120 mg was being prescribed for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The Request for Authorization dated 08/13/2014 was for Methoderm gel 120 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mentoderm Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the injured worker had trialed and failed antidepressants and anticonvulsants. The request submitted failed to include location where the topical analgesic is required for the injured worker frequency and quantity of medication. As such, the request for Mentoderm gel 120 mg is not medically necessary.