

Case Number:	CM14-0178025		
Date Assigned:	10/31/2014	Date of Injury:	03/08/2007
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 Interventional Spine and is licensed to practice in California. 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 patient is a 57year old female with an injury date on 03/08/200. Based on the 07/29/2014 progress report provided by [REDACTED], the diagnoses are:1. Status post lumbar fusion L5-S1(2007)2. Degenerative disc disease of the lumbar spine with lumbar radiculopathy3. Left hip DJD and acute trochanteric bursitis, secondary to altered gait4. Left sacroiliac joint dysfunction with osteophyte at the inferior margin5. Depression6. Ongoing urinary stress incontinence monitored by [REDACTED]7. Persistent GI upset with medications including nausea, gastritis, reflux, and constipation8. Myofascial pain9. Restless legs syndrome monitored by [REDACTED]10. Diabetes11. Right sacroiliac joint dysfunction12. Status post bladder stimulator placementAccording to this report, the patient complains of low back pain and lower extremity symptoms. Back pain is rated as a 4/10 currently, and can range from a 4-9/10. Physical exam reveals positive lumbar facet loading and FABER's test. Tenderness is noted over the bilateral SI joints, right great than left. Decreases sensation to the left L4 and L5 dermatomes is noted. The patient uses for cane for ambulation and a back corset as needed. Patient's treatment history consists of "right SI injection on 04/09/2014 with 100% relief temporary."The utilization review denied the request on 09/26/2014. [REDACTED], is the requesting provider, and he provided treatment reports from 03/14/2014 to 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (Methyl Salicylate 15%/Menthol 10%) gel 120mL for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section, Topical Cream Page(s): 111-113.

Decision rationale: According to the 07/29/2014 report by [REDACTED] this patient presents with low back pain and lower extremity symptoms; pain at 4/10. The treater is requesting Menthoderm (Methyl Salicylate 15%/Menthol 10%) gel 120mL for low back. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this patient, there are no diagnoses of peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions. Therefore the request is not medically necessary.