

Case Number:	CM14-0094517		
Date Assigned:	07/25/2014	Date of Injury:	02/07/2013
Decision Date:	09/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old female with a reported injury on 02/07/2013. The mechanism of injury occurred when the injured worker was helping a resident when the resident began to fall and she assisted the resident by grabbing the resident's pants and in doing so, she felt sharp popping in the lower back with intense pain in the lower back. Her diagnoses included lumbosacral strain with right greater than left lumbar radiculopathy, thoracic strain, cervical strain, cervicogenic headaches, and chronic pain syndrome with significant secondary depression due to chronic pain syndrome. She has had previous physical therapy, injections, and a home exercise program. The efficacy of these treatments was not provided. The injured worker had an examination on 06/17/2014 with increased complaints of depression and nervousness. She worried about her future because of her pain and she was not able to think or focus. She complained of a lot of back pain with spasms in her right lower extremity and reported that her pain radiated to the posterior lateral thighs and into the calves, the right side greater than the left. The injured worker's pain worsened throughout the day with sitting, standing, lifting, and pushing or pulling heavy things. She also reported that the pain was eased sometimes by medication and sometimes it was not and she had to rest. She complained of mid back pain between the shoulder blades, neck pain, and headaches. She did have a previous MRI and X-ray in 2013. On examination, her muscle strength was normal at a 5/5. Her sensation was diminished on the right top of the foot, more of the S1 and L5 distributions. The range of motion of her cervical spine was flexion at 80%, extension was at 60%, right lateral flexion was 60%, and left lateral flexion was at 70%. Spurling's sign was negative bilaterally. The injured worker had a positive straight leg raise on the right at 60 degrees in the sitting position and on the left at 80 degrees, producing low back pain and hip posterior thigh pain mostly on the left side. Lasegue's test was mildly positive on the right and negative on the left. There was tenderness of her

parathoracic muscles. The medication list consisted of Norco, Methoderm gel, and Flexeril. The recommended plan of treatment was for her to have a psychiatric consultation and continue Norco, Methoderm gel, and Flexeril. The rationale for the request was not provided. The request for authorization was signed on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist (cervical, thoracic, lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary: Evaluation and management outpatient visits;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The MTUS Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if the doses of opiates are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. There was a lack of evidence of a visual analogue scale (VAS) pain rating regarding efficacy of the opioid. The injured worker reported that sometimes her pain was relieved with medications and sometimes it was not. The injured worker was previously treated with physical therapy, injections, and a home exercise program; however, there is a lack of documentation indicating the efficacy of the prior interventions. There is inadequate documentation that her pain is not managed. The physician's rationale for the request was not provided. Therefore, the request is not medically necessary.

Methoderm Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesic, page(s) 105,111 Page(s): 105, 111.

Decision rationale: The request for Methoderm gel is non-certified. Methoderm gel is comprised of methyl salicylate and menthol. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical salicylate is significantly better than placebo in the treatment of chronic pain. There is a lack of evidence that antidepressants and anticonvulsants have been tried and failed. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for the Methoderm gel is non-certified.

