

Case Number:	CM15-0015169		
Date Assigned:	02/03/2015	Date of Injury:	09/17/2013
Decision Date:	03/20/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 9/17/13. He has reported cervical and back injuries after falling off a ladder. The diagnoses have included lumbago/pain in lumbar region, lumbar spine muscle spasm and lumbar radiculopathy. Treatment to date has included medications, diagnostics and physical therapy for 12 sessions. Currently, the injured worker complains of constant pain in the lumbar spine that radiated into lower extremities. The physical exam revealed positive straight leg raise on the left, tenderness to palpation and decreased range of motion. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/24/14 revealed disk desiccation and disk protrusion with a small fissure and mild narrowing of the foramina bilaterally. A request was made for Menthoderm with duration and frequency unknown. On 1/10/15 Utilization Review non-certified a request for Retrospective Menthoderm, DOS: 6/6/14, noting the request is not supported by the evidenced based guidelines. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm, DOS: 6/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The MTUS Chronic Pain Guidelines state that salicylate topicals (such as methyl salicylate in Methoderm) are recommended as they have shown to be significantly better than placebo and are appropriate for treating chronic pain due to its very low risk profile. In order to justify continuation of a topical salicylate, however, there needs to be evidence of functional and pain-reducing benefit with its use in order to justify continuation. In the case of this worker, although in the opinion of this reviewer, it was reasonable to have a trial of Methoderm, the required evidence of benefit was not provided in the documents submitted for review. Also, the request did not include duration and frequency, which is required. Therefore, the Methoderm will be considered medically unnecessary.