MAXIMUS Federal Services

Case Number:	CM15-0170849		
Date Assigned:	09/11/2015	Date of Injury:	07/28/2003
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 53 year old male who sustained an industrial injury on 7-26-03. A review of the medical records indicates he is currently undergoing treatment for lumbar post-laminectomy syndrome, bursitis trochanteric, lumbar degenerative disc disease, spinal stenosis lumbar region, radiculitis thoracic-lumbosacral, and myofascial pain syndrome. Medical records (4-9-14 to 7-7-15) indicate ongoing complaints of low back pain that radiates to the right buttock and back of right thigh. The pain is described as "constant, sharp, and throbbing". He has also complained of ongoing right hip pain. On physical exam, the treating provider noted a right-sided antalgic gait and limited range of motion in his lumbar spine. The pain was noted to affect several activities of daily living: he is able to lift no more than 4 pounds, limits his ability to walk, sit, stand, sleep, as well as participate in social activities, sexual activity, and traveling. Treatment has included oral, transdermal, and topical medications, a spinal cord stimulator, massage therapy, and trigger point injections. The injured worker was placed on topical Menthoderm in April 2014. The request for authorization (7-23-15) included a lumbar brace. The request for authorization regarding Menthoderm is not available for review. The utilization review (7-31-15) denied the requests for a lumbar brace and the Menthoderm medication. The rationale indicated that "there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry" and "the guidelines indicate there is no evidence to justify the use of a brace beyond the acute phase of injury". Menthoderm was denied due to "no evidence-based recommendations regarding the topical application of menthol, the fact that topical salicylates are not recommended for areas that are not amenable to topical treatment, including the spine, which is an area for which the patient was under treatment" and the fact that the injured worker "has been utilizing this medication for over a year without evidence of any quantifiable improvements in overall pain or function".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The CA MTUS provides minimal guidance concerning lumbar supports, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long- term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating provider notes available, the injured worker is not in the acute phase of treatment, nor does have documentation indicating a diagnosis of compression fracture, or instability. A past MRI from 5-20-11, demonstrated grade 1 anterolisthesis of L4 on L5 and a stable grade 2 anterolisthesis of L5 on S1 status post spinal fusion. Due to the chronicity of the symptoms and remoteness of the spinal fusion, the request for lumbar brace is not medically necessary and appropriate.

Menthoderm Ointment 240 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The requested Menthoderm ointment is a combination of methyl salicylate and menthol into a topical ointment. Topical salicylates, e.g., Ben-Gay, methyl salicylate, are recommended and are significantly better than placebo in chronic pain. However, there are no recommendations concerning the topical use of menthol for chronic pain symptoms. The MTUS guidelines clearly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Menthoderm ointment 240 gram is not medically necessary and appropriate.