

<b>Case Number:</b>	CM15-0066590		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male, who sustained an industrial injury on 1/07/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar sprain/strain, lumbar disc protrusion with foraminal narrowing, and lumbar disc degeneration. Treatment to date has included conservative measures, including medications and aquatic therapy. On 2/12/2015, the injured worker complained of lumbar pain, not rated. Objective findings included tender lumbar paravertebrals and magnetic resonance imaging findings. Medication use was not noted. The treatment plan included continued pool therapy x 6 weeks, Naproxen, and Methoderm. A previous progress note, dated 2/02/2015, noted low back pain rating of 8/10. The progress report, dated 10/01/2014, noted back pain rating at 7/10. Pool therapy initialed dates supported therapy from 8/13/2014 to at least 1/23/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 240 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS. Decision based on Non-MTUS Citation [www.wedmd.com/drugs/drug-151934-Methoderm](http://www.wedmd.com/drugs/drug-151934-Methoderm).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

**Continue pool therapy x6 sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.