MAXIMUS Federal Services

Case Number:	CM15-0076592		
Date Assigned:	04/28/2015	Date of Injury:	10/17/2013
Decision Date:	07/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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
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 sustained an industrial injury on 10/17/13. Initial complaints were not reviewed. The injured worker was diagnosed as having left wrist sprain with possible internal derangement; bilateral upper extremity sprain/strain; bilateral shoulder acromioclavicular osteoarthritis; tendinitis. Treatment to date has included physical therapy; aquatic therapy; medications. Diagnostics included MRI cervical spine; MRI left wrist; MRI bilateral shoulders. Currently, the PR-2 notes dated 3/3/15 is hand written and difficult to decipher. The notes indicated the injured worker complains of low back pain rated at 8/10 and neck pain rated at 7/10. Objective findings lists the injured worker is tender at the cervical and lumbar spine paraspinals. She has a normal gait. He is recommending home exercise and pool therapy. He is also requesting authorization of a LSO lumbar spine brace and Menthoderm cream x1. He notes his diagnoses to include lumbar spine discogenic pain spasm/strain with myospasms; cervical spine sprain/strain and rule out lumbar spine radiculopathy verses radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylate topicals.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Menthoderm cream x 1 is not medically necessary and appropriate.

LSO (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Procedure Summary, Online Version last updated 03/03/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The LSO (lumbar spine) is not medically necessary and appropriate.