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| <b>Case Number:</b>   | CM14-0140559 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 09/11/2007 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 08/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2014 |

### 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 Occupational Medicine and is licensed to practice in California. 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:

There were 170 pages provided for this review. The request for independent medical evaluation was signed on August 27, 2014. It was in regard to the Mentherm ointment, neck MRI, and chiropractic care three times a week for four weeks. An AME from May 23, 2011 indicated the patient needed ongoing psychiatric treatment. As of November 8, 2011, the claimant had been seen by a neurologist who thought the skull fracture was unrelated. A QME set forth a variety of impairment ratings. They felt there was a significant non-organic component to the claimant's presentation. There was a psychiatric disability AME report for May 15, 2012. It said she should have long-ago reached a permanent and stationary status. The claimant was sitting on a bench at the school playground when the claimant was hit by a brand-new soccer ball on the left side of the head. She fell to the left side. She had a loss of consciousness. She was initially seen at the ER. The claimant left for home without being seen as it was very busy. She could not hear from the left ear or see from the left eye. She was referred to an ENT specialist. She had a loss of hearing in the left ear. The claimant did an MRI of the brain one week after the injury was found that she had a skull fracture and cerebrospinal fluid leak. She had a CT scan of the brain in September 2009 that was normal. She saw an ENT for about a year who noted she had permanent disability and discharged from care in 2008. She was also seen by an ophthalmologist for the vision loss. She was advised that it was not in fact work-related and was discharged from care. The claimant also developed depression symptoms due to the injury and the inability to return to work. She did not get any further medical care until 2001. There was an occipital nerve block in 2011 that resolved the headache and pain symptoms for three months. Medicines were naproxen, omeprazole, Mentherm and Flexeril. There was no documentation of objective benefit from the Mentherm. There were no new radicular or neurologic signs to support the imaging.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MENTHODERM OINTMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): Page 105 of 127.

**Decision rationale:** Methoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is not medically necessary.

### **NECK MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck section, under MRI

**Decision rationale:** The MTUS is silent. Regarding cervical MRI, the ODG notes: Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction There was no progression of neurologic deficit or establishment of new radicular changes, based on the records reviewed, to be found; the request is not medically necessary.

### **CHIRO THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 9792.26 Page(s): Page 58 of 127.

**Decision rationale:** The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This key concept of MTUS ACOEM is not met. The request is not medically necessary or appropriate.