

Case Number:	CM14-0146743		
Date Assigned:	09/12/2014	Date of Injury:	08/20/2012
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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:

The records presented for review indicate that this 41 year-old female was reportedly injured on August 20, 2012. The mechanism of injury is noted as repetitive work resulting in continuous trauma. The submitted medical documents state back to 1996. The most recent progress note, dated August 19, 2012 and indicates that the claimant presents with complaints of low back pain that has been occurring for approximately 3 weeks. This handwritten document is partially illegible. The clinician appears to indicate a stressful work environment. The physical examination is entirely illegible. No diagnostic imaging has been submitted subsequent to the date of injury. It is unclear what previous treatment has been performed as there is no documentation following the date of injury. A request had been made for topical Methoderm and was not certified in the pre-authorization process on September 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Ointment quantity and duration unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS supports use of topical analgesics, but indicates there are considered largely experimental and should be considered a second-line of choice. The requested topical preparation contains menthol and methyl salicylate. No documentation been provided since the date of injury. It is unclear what previous conservative measures have been performed. Secondary to insufficient information the request is not medically necessary.