

<b>Case Number:</b>	CM13-0039991		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 62-year-old man who sustained a work related injury on March 22 2013. He subsequently developed neck pain with post-concussion symptoms and right arm weakness and numbness. His physical examination demonstrates a low energy level with pain and dizziness and photophobia. The patient described weakness of the right side of the body with partial numbness. There are tremors of the hands, worse on the right. The patient has blurry vision and there is twitching of the right side of the face. The patient was diagnosed with post-concussion syndrome and question signs of cervical radiculopathy. According to the medical records, the patient's physical examination demonstrated cervical tenderness with reduced range of motion, right facial drop, decreased sensation in the right face, weakness in both upper extremities and occipital tenderness. He was diagnosed with cerebral concussion, stroke, cognitive impairment, visual impairment, hearing loss, and posttraumatic stress disorder. He was treated with the Flexeril, activity modification, and TENS. The provider requested authorization for Menthoderm cream and Otolaryngology consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM CREAM DISPENSED ON 9/13/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation [WWW.DRUGS.COM/CDI/METHODERM-CREAM.HTML](http://WWW.DRUGS.COM/CDI/METHODERM-CREAM.HTML).

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

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. The guidelines also indicate that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. Methoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by the guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Methoderm cream dispensed on 9/13/13 is not medically necessary.

**SECOND REQUEST FOR OTOLARYNGOLOGY CONSULTATION WITH AUDIOLOGY TESTING AND OPHTHALMOLOGY CONSULTATION WITH VISUAL FIELD TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HEAD CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, EARLY INTERVENTIONS Page(s): 32-33.

**Decision rationale:** The Chronic Pain Guidelines indicate that the presence of red flags may indicate the need for a specialty consultation. In addition, the requesting physician should provide documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The guidelines indicate that the recommendations for the identification of patients that may benefit from early intervention via a multidisciplinary approach include: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity; (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis; (c) There is a previous medical history of delayed recovery; (d) The patient is not a candidate where surgery or other treatments would clearly be warranted; (e) Inadequate employer support; and (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. The patient was diagnosed with post concussion syndrome. The auditory and visual symptoms that the patient reported could be related to his brain concussion. There is no clear neurologic evaluation supporting a primary hearing and vision disturbance that requires an ear, nose and throat specialist and thorough reevaluation. Therefore, the requested for Second request for Otolaryngology consult with audiology testing and Ophthalmology consult with visual field testing is not medically necessary.

