

<b>Case Number:</b>	CM13-0052756		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 10/14/2005. The mechanism of injury was noted to be the patient was an 18-wheeler truck driver who was asleep in the truck cab when a student driver rear-ended the vehicle. The patient underwent a laminotomy on the right side at L5-S1 with a medial facetectomy and microdiscectomy along with a neurolysis decompression of the exiting L5 nerve root on 08/07/2013. The examination of 08/19/2013 revealed the patient had lumbar spine spasms. The patient's diagnosis was noted to be thoracic or lumbosacral neuritis or radiculitis unspecified. The request was made for carisoprodol and Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM GEL 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 105,111.

**Decision rationale:** MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of chronic pain. The clinical documentation submitted for review indicated the patient had chronic pain. There was a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The duration of medication usage could not be established. There was a lack of documentation including the medication request and the DWC Form RFA to support the necessity. Given the above, the request for Menthoderm Gel 120gm is not medically necessary.