

<b>Case Number:</b>	CM13-0056068		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 female, who was injured on 09/12/2012 by tripping on a box. When she tried to correct her fall to avoid further injury, "she flew up in the air" and landed on her lower back on the concrete floor. Treatment history included chiropractic care and medications including cyclobenzaprine and diclofenac. On 07/25/2013, the patient underwent left L5 hemilaminotomy, partial foraminotomy, facetectomy, and excision of extruded disc fragment and fraying up of the L5 nerve root; Left S1 hemilaminotomy, foraminotomy, facetectomy, and fraying up of the left S1 nerve root, image intensification, and epidural steroid injection. An MRI of the lumbar spine without contrast dated 06/20/2013 revealed no evidence of vertebral body fracture, subluxation or scoliosis. The digital spinal cord, the conus medullaris, and the cauda equine were normal. The L5-S1 disc level demonstrated a six (6) mm posterior disc extrusion with a nine (9) mm craniocaudal subligamentous extent and 1.7 cm transverse base contributing to mild bilateral subarticular zone stenosis encroaching upon the bilateral descending S1 nerve roots. The central spinal canal was patent. The neural foramina were patent. Mild spondylosis was present at L4-5. Otherwise the remaining levels of the lumbar spine were unremarkable. There was no evidence for soft tissue edema to suggest ligament sprain, tendon strain, or reactive facet joint synovitis. A clinic note dated 10/01/2013 documented the patient to have displayed only mild L upslip at that time. Gait remained impaired with patient walking on heels. The patient was educated on need to tolerate discomfort and normalize gait pattern. The patient was diagnosed with decreased functional mobility/ADLs, decreased postural awareness/stability, decreased core stability and decreased L/S AROM. The request is for Mentherderm 120ml times 1 tube.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Mentherm 120ml times one (1) tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical, and Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chapter - Pain (Chronic), Salicylate topicals

**Decision rationale:** Mentherm is a topical compound containing methyl salicylate and Menthol. The Chronic Pain Guidelines indicate that "methyl salicylate is significantly better than placebo in chronic pain." The guidelines also indicate that topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Official Disability Guidelines indicate that evidence for methyl salicylate was limited by the quality, validity and size of the available studies. The guidelines indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. This patient has chronic lower back pain and the compounds in this topical analgesic are not supported by guidelines. Therefore, the request for Mentherm 120 ml times one (1) tube is non-certified.