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| <b>Case Number:</b>   | CM13-0066523 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 09/28/2010 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 11/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2013 |

### 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 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 28, 2010. Thus far, the patient has been treated with the following: Analgesic medications; earlier lumbar spine surgery on October 10, 2013; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 21, 2013, the claims administrator denied a request for Methoderm gel and a flurbiprofen-containing gel. The claims administrator cited non-MTUS FDA Guidelines, in large part, although there was some incidental allusion to MTUS Guidelines. In a November 4, 2013 progress note, the patient reported persistent neck and bilateral hip pain. The patient was using Medrol Dosepak, Voltaren, and Ultracet. The patient's pain levels range from 6-8/10. Topical Methoderm gel and Medrox patches were endorsed. The patient was placed off of work, on total temporary disability. It appears that a flurbiprofen-containing gel was also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM GEL 120GM #1 TUBE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 105, Salicylate Topicals topic. Page(s): 105.

**Decision rationale:** Mentherm is a salicylate topical. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentherm are indicated in the treatment of chronic pain, as is present here. In this case, the request represented a first-time request for Mentherm. Therefore, the request was medically necessary.

**FLURBIPROFEN 20% GEL 120GM #1 TUBE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines page 111, Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant was described as using numerous first-line oral pharmaceuticals, including Medrol, Voltaren, and Ultracet, in addition to two topical agents, namely Medrox and Mentherm, effectively obviating the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as flurbiprofen. Therefore, the request was not medically necessary.