

<b>Case Number:</b>	CM13-0067285		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and upper back pain associated with an industrial injury sustained on June 17, 2013. Thus far, the applicant has been treated with analgesic medications, physical therapy, chiropractic manipulative therapy, acupuncture, work restrictions, and an MRI of the lumbar spine, notable for low-grade disk bulges at L4-L5 and L5-S1. On August 1, 2013, the applicant had completed 11 of 12 sessions of chiropractic manipulative therapy and was off of work. The applicant's medication list at that point included over-the-counter Tylenol. The applicant was apparently eschewing NSAIDs owing to GI upset. In a progress report of October 24, 2013, the applicant was again described as not working, reporting 6/10 mid-back pain. The applicant was given 35-pound lifting limitation, which the applicant's employer was apparently unable to accommodate. Naprosyn, Menthoderm, and Norco were issued as refill medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM (DATE OF SERVICE: 10/24/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** The request in question represents a refill Menthoderam, as the applicant had used this medication in the past. There was no clear evidence of lasting benefit or functional improvement effected. The applicant had failed to return to work. Work restrictions were renewed from visit to visit, without any progressive decrement. The applicant remained reliant on physical therapy and medications, including Norco and Naprosyn. All of the above imply that ongoing usage of Menthoderam has failed to achieve functional improvement. Therefore, the request remains not certified.