

<b>Case Number:</b>	CM14-0006812		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Alabama. 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 34 year old male who was injured on 01/07/2010. The mechanism of injury is unknown. A progress report dated 12/13/2013 states the patient presented with complaints of continued pain rated as 7/10. On exam, lumbar spine range of motion is decreased about 25% and positive for lumbar tenderness. The patient is diagnosed with lumbar spine sprain and herniated nucleus pulposus at L4-L5 and L5-S1. The patient was recommended for Ultram 150 mg and Mentoderm 120 gm as well as Anaprox-DS, Prilosec, and Zanaflex. Prior utilization review dated 12/30/2013 states the request for Mentoderm 120gm, #1 Ointment Dos: 12/13/13 is denied as medical necessity has not been established; Ultram 150MG, #60 DOS: 12/13/13 is modified to certify Ultram 150 mg #60 with no refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentoderm 120gm, #1 ointment DOS: 12/13/13:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The above MTUS guidelines for salicylate topicals states "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." MTUS guidelines do not address use of menthol. In this case, Methoderm consists of methyl salicylate and menthol. Methyl salicylate is recommended as above for chronic pain, and the patient appears to have chronic pain as per note from 3/10/14 "... deciding on whether modifications are appropriate to the treatment regimen. The pain is 8/10 and is not bad enough for surgery... Medications help. The patient requested refills." Methoderm is comprised of mint oils and not addressed in MTUS guidelines nor is there a recommendation against its use. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**Ultram 150mg, #60 DOS: 12/13/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**Decision rationale:** The above MTUS guidelines for ongoing opioid management states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)." In this case, there is no provided documentation of the 4 A's as listed per guidelines above. Note from 12/13/13 from [REDACTED] only states "The pain remains 7/10 and he needs medications. I have requested a mandatory urine drug screen be done. He has not found work." There is no mention of improvement in activities of daily living or adverse side effects. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The recommendation for determining the request as not medically necessary of medications does not imply a recommendation of abrupt cessation of the medication. Any medical order must be considered by the treating physician in accordance with the appropriate standard of care to avoid any adverse consequences which may occur with changes in the treatment regimen. As such, the request is not medically necessary.

