

<b>Case Number:</b>	CM14-0100159		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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:

There were 32 pages provided for this review. The request for independent medical review was signed on June 30, 2014. The items for review were Menthoderm gel 240 g, Prilosec 20 mg number 45, and a lumbar epidural steroid injection. Per the records provided, the claimant is described as 32 years old. The date of injury was September 6, 2013. He was lifting heavy objects weighing about 80 pounds and injured the back. He also claimed an injury to the forearm due to repetitive and continuous trauma. The current medical information was minimal. There was a limited progress report from May 9, 2014 that mentioned the diagnosis of lumbosacral radiculopathy with persistent back pain radiating to the left leg. Straight leg raising was positive at 90 on the right and it is not documented on the left. There is no solid documentation of any obvious radiculopathy. There were no dermatomal distribution of neurologic signs confirming radiculopathy, and no objective testing evidence. There was no documentation of any gastrointestinal disease that might drive a need for topical non-steroidal preparations. There was a comprehensive medical examination from May 6, 2014. He works as a forklift driver and packer. His duties consist of driving a forklift, loading and unloading and packing automobile parts. On September 6, 2013, he lifted a box the weight of about 80 pounds while he was pulling orders. He was not able to straighten up and experienced immediate lower back pain. As of April 2013 he began to develop pain in his right forearm. He is currently working as of the time of this latest record. The diagnoses were thoracic sprain strain, lumbar strain sprain, left hip strain sprain and left knee strain sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel 240gms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

**Decision rationale:** Mentoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. Moreover, there are no gastrointestinal issues that would drive the need for topical over oral non-steroidal anti-inflammatory medicines. Therefore, the request of Mentoderm gel 240gms is not medically necessary and appropriate.

**Prilosec 20mg #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 OF 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non-Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Therefore, the request of Prilosec 20mg #45 is not medically necessary and appropriate.

**Lumbar Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection (ESI) Page(s): 47 of 127.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this

case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. As shared in the history, the evidence for true radiculopathy is weak in this case. Therefore, the request Lumbar Epidural Steroid Injection (ESI) is not medically necessary and appropriate.