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| <b>Case Number:</b>   | CM14-0104695 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 08/28/2006 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 Nevada. 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 records presented for review indicate that this 62 year-old individual was reportedly injured on August 28, 2006. The mechanism of injury is noted as a blunt force trauma to the knee. The most recent progress note, dated May 26, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion. Diagnostic imaging studies objectified changes consistent with osteophyte of the knee. Previous treatment includes conservative care, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The progress notes presented for review are summations of impairment rating assessments. There is insufficient clinical evidence presented to support the need for this

synthetic opioid analgesic. This is not recommended as a first-line treatment, nor has the efficacy of the past utilization of this medication been established. Therefore, based on the clinical information presented for review tempered by the parameters noted in the MTUS the medical necessity of this medication cannot be established.

**Menthoderm ointment 360 grams one (1) tube:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Mentoderm is not medically necessary.