

<b>Case Number:</b>	CM14-0016553		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 37-year-old female who reported an injury on 11/12/2012. The mechanism of injury was the injured worker lowered her back while helping a patient transfer while working as a nurse's aide. The injured worker had medications and conservative care. The diagnosis included lumbar muscle spasm, lumbago, and lumbar sprain/strain. The documentation of 12/12/2013 revealed the injured worker had lumbar spine pain that was constant and moderate to severe, radiating to the bilateral lower extremities. The request was made to refill Flexeril, Norco, and Medrox cream as well as Prilosec. The treatment plan included a request for a consultation for anxiety and the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR MENTHODERM OINTMENT DISPENSED ON 12/12/2013 FOR TREATMENT OF THE LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111, 105.

**Decision rationale:** California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The duration for the use of the medication could not be established through supplied documentation. There was no DWC form, RFA, nor PR-2 submitted to support the request. The request as submitted failed to indicate the frequency, quantity, and strength for Methoderm. Given the above, the retrospective request for Methoderm ointment dispensed 12/12/2013 for treatment of lumbar is not medically necessary.