

<b>Case Number:</b>	CM14-0118951		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 38-year-old male who reported an injury on 03/22/2011 after making a sudden movement. The injured worker reportedly sustained an injury to his low back. The injured worker underwent lumbar fusion surgery with postsurgical management to include physical therapy, a home exercise program, and medications. The injured worker was evaluated on 06/04/2014. It was documented that the injured worker reported pain levels at 3/10. It was noted that the injured worker had been completely weaned off oral medications; however, continued to use topical analgesics for pain control. The injured worker's clinical evaluation documented no significant neurological or motor strength deficits with decreased spine range of motion of approximately 25%. The injured worker's diagnoses included painful degenerative disc disease, grade 1 spondylolisthesis, spinal stenosis and neural foraminal narrowing, and status post fusion from the L4 to the S1. The injured worker's treatment plan included continued physical therapy and topical analgesics to include Methoderm. A Request for Authorization for a refill of Methoderm and continued physical therapy was submitted on 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Ointment 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Medication for chronic pain Page(s): 105, 60.

**Decision rationale:** The requested Mentherm Ointment 120 ml is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does support the use of salicylate topicals for chronic pain. However, the California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by functional benefit and evidence of pain relief. The clinical documentation submitted for review did not provide a quantitative assessment of the injured worker's pain to support that the injured worker was provided pain relief resulting from the use of this medication. Furthermore, the clinical documentation fails to specifically identify functional benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not provide a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Mentherm Ointment 120 ml is not medically necessary or appropriate.