

<b>Case Number:</b>	CM14-0128407		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/04/1991
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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:

The injured worker is a 64-year-old male who was reportedly injured on 11/04/1991. The mechanism of injury is not stated in the records reviewed. The last physical examination, dated 07/30/2014, shows palpable paravertebral muscle tenderness with spasm. Seated nerve root is positive. Standing flexion and extension are guarded and restricted. No clinical evidence of instability on exam. Skin is warm and dry with normal color and turgor. Circulation in the lower extremities is full. Coordination and balance is intact. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. There is full strength on the extensor hallucis longus and ankle plantar flexors, L5 and S1 innervated muscles. Ankle reflexes are asymmetric. Constant sharp pain in the low back that is aggravated by bending, lifting, pushing, pulling prolonged sitting/standing and walking multiple blocks is reported, rating 6/10. A request was made for a prescription for Mentherm Gel (Express scripts) and was found to be medically not necessary on 07/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Mentherm Gel (Express scripts): Upheld**

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

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

**Decision rationale:** Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The injured worker does not have documented neuropathic pain. Further, it is clearly noted that there is little evidence of effectiveness of these agents. Menthol and oil of wintergreen are not recommended. For these reasons, the requested treatment is not medically necessary.