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| <b>Case Number:</b>   | CM14-0138884 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 04/11/2014 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2014 |

### 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 Family 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 26 year old female injured on 04/11/14 while caring for 2 year old children resulting in low back pain. Diagnoses include right hip and thigh strain, trochanteric bursitis right, lumbar sprain/strain, right sciatica, major depression, and anterior femoral nerve impingement. The clinical documentation indicated the injured worker underwent a right knee arthroscopy secondary to a torn medial meniscus on 04/25/14. Treatments to date included diagnostic studies, medication management, acupuncture, chiropractic therapy, ultrasound therapy, TENS unit, and home exercise program. The clinical note dated 07/18/14 indicated the injured worker presented complaining of continued low back pain radiating to the right lower extremity into the toes rated at 6/10. The injured worker also complained of intermittent right abdominal pain radiating from the low back. The documentation indicated MRI of the right hip and lumbar spine was normal excluding solitary 1.3cm fibroid. The injured worker reported medications help with pain management. Stomach upset is well-controlled with Omeprazole. TENS unit helps for a few hours to decrease pain and acupuncture is helpful for radiation of pain. Physical examination revealed tenderness to palpation, decreased lumbar range of motion, tenderness to posterior right hip and greater trochanter, and pain with range of motion of the hip. Prescription for Diclofenac, Omeprazole, and trial of Methoderm provided. It is noted the injured worker to continue Cyclobenzaprine, TENS unit, and acupuncture. The clinical note dated 07/25/14 did not address efficacy of trial of Methoderm. The initial request was non-certified on 08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mentherm 120gm dispensed 7/18/14:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Retrospective Mentherm 120gm dispensed 7/18/14 cannot be recommended as medically necessary.