

<b>Case Number:</b>	CM14-0036977		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 59-year-old female who reported an injury on 04/13/2011. The mechanism of injury was not provided. On 12/07/2013, the injured worker presented with pain to the mid back with numbness and cramping to the right lower extremity. Upon examination, there was tenderness to palpation over the lumbar paraspinals and right lower extremity paresthesia. Diagnoses were lumbar spine radiculopathy, lumbar spine discogenic pain, and muscle spasm. Treatment included pool therapy and medications. The provider recommended a retrospective request for Mentherm ointment. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications Mentherm ointment (duration unknown and frequency unknown) dispensed on 01/30/2014 for treatment of lumbago: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 121-122.

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

**Decision rationale:** The California MTUS states that transdermal compounds are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Topical analgesia is properly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended. There is lack of documentation of a failed trial of antidepressants and anticonvulsants. The provider's request does not indicate the dose, frequency, or site that the Mentherm ointment was intended for as the request is submitted. As such, the request is not medically necessary.