

<b>Case Number:</b>	CM14-0043546		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/29/2001
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation 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 52 year old man who injured his low back while handcuffing a criminal. Documented treatments include; medial branch blocks, radio frequency rhizotomy, and spinal cord stimulator implantation. Current medications include; Opana ER, Percocet, Wellbutrin, Cyclobenzaprin, Amitiza, Ambien, Quazepam, Trazodone and Lexapro. He sees a Psychiatrist for medication management. A 3/21/2014 letter of appeal states that he is able to reduce Opioid and anti-inflammatories intake as well as to continue working. The injured worker has tried and failed numerous medications for pain before finding a medication regimen that works for him. Per the physical exam, the injured worker was: 1.Alert and oriented x3 2.Has normal strength in the lower extremities 3. Has limited range of motion in the lumbar spine 4. Decreased sensation in the right lateral foot 5.L4-5 moderate central narrowing with moderate facet changes and moderate bilateral foraminal narrowing 6.Spinal cord implant 7.Lumbar levoscoliosis 8.Depression 9.Low testosterone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm (2) bottles:** Upheld

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

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

**Decision rationale:** The medical records state "the active ingredients are Menthol and Camphor." Per research the active ingredients are Methyl Salicylate and Menthol. None of these ingredients are supported by the MTUS, ACOEM or Official Disability Guidelines for the treatment of chronic pain or chronic back pain. The medical records support the clinical efficacy of Mentherm with decreased medication use, decreased pain and decreased function. The use of Topical Analgesics are restricted to the use of certain ingredients for certain applications. In the case of Mentherm, neither Menthol, Camphor or Methyl Salicylate are supported for the use of chronic back pain, chronic pain or radiculopathy, therefore, this request is not medically necessary.