

<b>Case Number:</b>	CM14-0195003		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral wrist pain reportedly associated with an industrial injury of September 26, 2010. In a Utilization Review Report dated October 23, 2014, the claims administrator stated that its decision was based on non-MTUS ODG Guidelines, but did not incorporate the same into its rationale. The claims administrator stated that its decision was also based on part, on October 15, 2014 progress note, which was not, it is incidentally noted, summarized. The applicant's attorney subsequently appealed. On November 25, 2014, the applicant reported ongoing complaints of bilateral hand numbness, weakness and paresthesias. The applicant was dropping objects, it was stated. The applicant was given primary diagnosis of right and left carpal tunnel syndrome, trigger fingers, and Dupuytren contracture, all reportedly secondary to cumulative trauma at work. The applicant had undergone earlier negative electrodiagnostic testing of the cervical spine and bilateral upper extremities dated May 9, 2014, it was acknowledged. In a November 20, 2014 progress note, the applicant was given prescription for Motrin and omeprazole. The applicant was placed off of work on total temporary disability for initial six-week period. The note was difficult to follow and contained no discussion of medication efficacy. Functional capacity testing was sought. The applicant was status post earlier lumbar fusion surgery, it was acknowledged. In a handwritten note dated July 24, 2014, the applicant was placed off of work, on total temporary disability, while spine surgery consultation was sought. Ongoing complaints of neck, low back, and wrist pain were noted. There was, once again, no explicit discussion of medication efficacy. On June 26, 2014, the applicant was given refills of tramadol, Prilosec, Motrin, and topical the Methoderm cream at issue. The applicant was placed off of work, on total temporary disability. Multifocal complaints of low back, neck, and shoulder pain, 8/10, constant, with associated clicking and

popping were appreciated. There was no explicit discussion of medication efficacy. On May 29, 2014, the applicant was, once again, placed off of work, on total temporary disability, for an additional six weeks, while Prilosec, tramadol, Motrin, and Mentherm were renewed, again, without any discussion of medication efficacy. The applicant again reported constant, moderate multifocal pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Compound Ointment Mentherm 120 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Functional Restoration Approach to Chronic Pain Management section, 9792.20.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylate such as Mentherm are recommended in the treatment of chronic pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, however, the attending provider's simply refilled Mentherm on several prior occasions referenced above, without any explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability, on each instance, and continued to report pain complaints as high as 8/10. Ongoing usage of Mentherm failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior, ongoing usage of Mentherm. Therefore, the request was not medically necessary.