

<b>Case Number:</b>	CM15-0188025		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female who sustained a work-related injury on 1-14-09. Medical record documentation on 9-16-15 and in June 2015 revealed the injured worker was being treated for chronic myofascial pain syndrome and chronic right foot-ankle pain. She reported continued pain in the right foot-ankle with some numbness and tingling (9-16-16 and 6-2015). Her medications were beneficial. Objective findings included right ankle-foot tenderness, decreased range of motion of the right ankle by 10% in all planes and positive sensation the right foot. Her medications included Naprosyn 550 mg, Omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg and Menthoderm gel as needed for numbness (since at least June 2015). A urine drug screen on 6-16-15 was negative for all drugs tested. A request for urine drug screen and Menthoderm gel prn #2 was received on 9-16-15. On 9-23-15 the Utilization Review physician determined urine drug screen and Menthoderm gel prn #2 was not medically necessary. Medications are office dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screens.

**Decision rationale:** Guidelines support the rationale use of drug screening when long term opioids are being utilized. The ODG Guidelines provides recommendations regarding the rationale use of drug screening and for individuals with low risk, only annual screening is recommended. This individual does not meet Guideline criteria for the repeat drug screen. There is no ongoing use of opioids and prior testing was well under a year ago. There are no unusual circumstances, to justify an exception to Guidelines. The repeat Urine drug screen is not medically necessary.

**Menthoderm gel prn #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Topical Salicylates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Compounded Drugs.

**Decision rationale:** MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. The MTUS Guidelines specifically state that over the counter products are recommended for utilization of these products. In addition, ODG Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Menthoderm Cream is not medically necessary.