

<b>Case Number:</b>	CM15-0199669		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43 year old male, who sustained an industrial injury on 10/18/2011. The injured worker is being treated for lumbago, lumbosacral spondylosis, left lumbar radiculopathy and opioid dependence. Treatment to date has included diagnostics, medications, physical therapy, work modifications, transforaminal lumbar epidural steroid injection (TFESI) on 7-28-2015, functional restoration program (FRP), and chiropractic care. Per the Primary Treating Physician's Progress Report dated 9-12-2015, the injured worker presented for follow-up. He reported mild pain in the lower back but frequent muscle cramps associated with tingling and weakness in the left leg. He completed 7 weeks of FRP from March through May with good benefit and increased ADLs. He is still using a cane intermittently due to low back pain and radiculopathy and is continuing home exercises. He underwent a bilateral TFESI and reports sustained analgesic benefits for low back, resolved radiculopathy but still muscle cramps. He reports the severity of his pain as 8 out of 10 with 5 out of 10 at its best and 9 out of 10 at its worst. The pain decreases with medications. He does report intermittent heartburn-gastroesophageal reflux disease (GERD) symptoms due to NSAIDs, partly relived by antacids. Current medications include Tramadol ER, Neurontin, Flexeril, Nabumetone, and Prilosec. Objective findings included forward flexion limited to 20 degrees by pain and rotation is also limited. There was tenderness to palpation of the lumbar paraspinal muscles consistent with spasms. Work status was modified. The plan of care included oral and topical medications. Authorization was requested for Nabumetone 500mg #60, Prilosec 20 mg #60, and Mentherm

topical analgesic lotion 120gm #1 (DOS 9-12-2015). On 9-25-2015, Utilization Review non-certified the request for Mentherm topical analgesic lotion 120gm #1.

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

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

#### **Retrospective Mentherm Topical Analgesic Lotion 120grams DOS: 9/12/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Mentherm is methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.