

<b>Case Number:</b>	CM15-0056012		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker (IW) is a 64 year old male who sustained an industrial injury on 04/21/2012. He reported back pain and some left leg numbness. The injured worker was diagnosed as having chronic myofascial pain syndrome, chronic sprain of the lumbar spine, and chronic lumbosacral radiculopathy. Treatment to date has included medications. Currently, the injured worker complains of pain in the back with left leg numbness and tenderness in the left hip. The worker is working at full duty. His medications include Neurontin, omeprazole, naproxen, and a topical medication of Menthoderm gel. He states he does get relief with the Naproxen but has had gastritis -like symptoms with it in the past. A request for authorization is made for Gabapentin 600mg #100, 3 bottles, Naproxen Sod 550mg #100, 2 bottles, Omeprazole 20mg #100, 1 bottle, Menthoderm gel 120grams, 2 bottles, and a Urine screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel 120grams, bottles 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topical Page(s): 111-113 and 105. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011085/>.

**Decision rationale:** Mentherm Gel 120 Grams, bottles 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Mentherm. An online review of Mentherm reveals that this topical gel is composed of Methyl salicylate and menthol. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Mentherm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. There is no clear documentation of intolerance to oral medication. The documentation does not indicate that the patient has tried and failed the whole gamut of antidepressants and anticonvulsants as the appeal for Mentherm dated 2/27/15 states that this cream along with Neurontin and other medications have helped his pain sufficiently that he does not need narcotic medication . The request for Mentherm Gel 120 Gram is not medically necessary.

**Urine screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids; Drug testing; Opioids, steps to avoid misuse/addiction Page(s): 76-77; 43; 94.

**Decision rationale:** Urine screen is not medically necessary per the MTUS Guidelines. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. The documentation does not indicate that the patient is currently taking opioid medication therefore this requests is not medically necessary.