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| <b>Case Number:</b>   | CM15-0080729 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 09/29/2005 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55-year-old male, who sustained an industrial injury on 09/29/2005. He has reported injury to the neck and low back. The diagnoses have included chronic L4, L5, and S1 radiculopathy; status post lumbar fusion L5-S1; degenerative disc disease of the lumbar spine; degenerative disc disease of the cervical spine with radiculopathy. Treatment to date has included medications, diagnostic studies, chiropractic therapy, and surgical intervention. Medications have included Norco, Tramadol, Prilosec, and Menthoderm Gel. A progress note from the treating physician, dated 03/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant neck pain that radiates into his arms bilaterally; numbness and tingling in the bilateral fingers; lower back pain that radiates to the left side buttocks area and down his bilateral lower extremities; numbness and tingling in the bilateral lower extremities; and the medications, home exercises, and Menthoderm Gel will alleviate the pain. Objective findings included tenderness to palpation of the cervical and lumbar spine with spasms noted; and decreased range of motion of the cervical spine and the lumbar spine. The requests are for 1-month supply of Lisinopril tablets; and 1 Menthoderm Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of Linsinopril tablet: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/lisinopril.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JAMA. 2014 Feb 5;311(5):507-20. doi: 10.1001/jama.2013.284427. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8).

**Decision rationale:** According to the national guideline, management for hypertension follows algorithms, which include use of ACE inhibitors for diabetics and diurectic at 1st line for essential hypertension. Monitoring of BP is essential to determine medication response. In this case, there is no documentation of blood pressure or risk factors associated with the need to use Lisinopril over other anti-hypertensives. The use of Lisinopril is not substantiated and not medically necessary.

**1 Mentherm Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Mentherm beyond 1 month exceeds the trial period recommended above. The claimant had been on Mentherm for several months in combination with oral analgesics. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Mentherm is not medically necessary.