

<b>Case Number:</b>	CM14-0141050		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48-year-old female who reported an injury on 10/06/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included back pain, lower degenerative disc disease, spondylosis, chronic pain, left knee pain, and lumbar radiculopathy. Previous treatments included medication, a home exercise program, a TENS unit, and lumbar epidural steroid injections. Within the clinical note dated 10/31/2014, it was reported the injured worker complained of low back pain with radiation of pain to the left leg laterally to the ankle. She rated her pain 7/10 in severity. Upon the physical examination, the provider noted the injured worker to have tenderness to palpation of the left lower facet joints. The range of motion of the back was limited due to pain. There was decreased sensation over the left leg. A request was submitted for Mentherm. However, a rationale was not submitted for clinical review. A Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm 120mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. The injured worker has been utilizing the medication since at least 01/2014. Additionally, the request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.