

<b>Case Number:</b>	CM14-0157665		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 5/6/09. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculopathy; chronic lumbar pain - right greater than left; secondary depression, mild; secondary upset stomach due to medications use. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 8/26/14 indicated the injured worker complains of low back pain persistently remains at 8-9/10 without pain medications. He was told the reason the provider stopped the medications was that his urine drug screening was positive for methamphetamine and did not show any hydrocodone. Concerns and need for a random urine drug screen were necessary and if clean, he will need to sign agreement and the provider would restart his pain management. The injured worker's current complaints are low back pain with radiation into the lower extremities that are greater on the right than left with numbness and tingling to the feet and occasional muscle spasms in the low back as well. He also has stress and depression due to his chronic pain with intermittent stomach upset due to the use of the medications controlled with Prilosec. The treatment plan includes to continue home exercise program, he will remain off opioids and undergo a random urine drug screening. The provider has requested Menthoderm Gel 120 grams and Promolaxin 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm Gel 120grams tid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Mentherm Gel 120grams tid is not medically necessary and appropriate.

**Promolaxin 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77, 88.

**Decision rationale:** Promolaxin is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Promolaxin may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication as opiates have been discontinued from aberrant findings. The Promolaxin 100mg is not medically necessary and appropriate.