

<b>Case Number:</b>	CM14-0205315		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 is a 32-year-old male who reported an injury on 12/17/2013 due to moving a 15 pound air filter. Treatment history included pain medications, anti-inflammatory medications, physical therapy, ESIs, acupuncture and chiropractic therapy. He also underwent an MRI and electrodiagnostic studies; however, these were not provided for review. On 09/30/2014, he presented for an evaluation, continuing to complain of pain in the left iliolumbar ligament and radiation to the lower extremity. There was also associated numbness and tingling affecting the left leg. His medications included Mobic and Neurontin. A physical examination showed decreased flexion, extension, an bilateral bending by 10% of normal with flexion being 6 degrees, extension being 25 degrees, and right and left lateral bending being 25 degrees. There was tenderness, trigger points, and muscle spasms to the left iliolumbar ligament and left lumbar spine paraspinal muscle. Sensation was decreased to light touch in the dorsal aspect of the left foot, and reflexes were normal in the ankles and knees. Strength was also noted to be normal, and he had a positive straight leg raise on the left and positive lumbar facet maneuver on the left. He was diagnosed with a left lumbosacral strain, left lumbosacral radiculopathy, facet syndrome, and myofascial pain. The treatment plan was for Mentherm #2 bottles. The rationale for treatment and Request for Authorization form were not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm #2 bottles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that he has tried and failed recommended first line therapy medications to support the request for topical analgesics. In addition, efficacy of the medication with a quantitative decrease in pain and an objective functional improvement in function was not clearly documented. Furthermore, the frequency and duration of the medication was not stated within the request or evident within the documentation provided. Given the above, the request is not medically necessary.