

<b>Case Number:</b>	CM15-0113727		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

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

### 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 39 year old male, who sustained an industrial injury on 10/16/13. He reported immediate pain in lower back after lifting 90 pounds. The injured worker was diagnosed as having lumbar spine thecal sac congenital stenosis, lumbar spine disc protrusion at L3-L4 and L4-5 with foraminal narrowing and nerve root compression at L4-5, left gluteal arc tingling and cramps, left leg pain, tingling weakness and limping and left foot strain. Treatment to date has included chiropractic treatments, physical therapy, acupuncture treatment and pharmacological medications. Currently, the injured worker complains of continued low back pain. Physical exam noted palpable tenderness over the L1 through L5 spinous processes and left sciatic notch, restricted range of motion and decreased muscle strength and sensation in left lower extremity. A request for authorization was submitted for Gabapentin 300mg #100 with 3 refills, Menthoderm Gel 240gm with 3 refills, urine drug screen and re-evaluation AME report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel 240 gms with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and continues to be treated for low back pain with left lower extremity symptoms. When seen, recent AME results were reviewed. There was lumbar tenderness with decreased range of motion and decreased left lower extremity strength and sensation. Gabapentin and Methoderm gel were prescribed. Urine drug screening was requested. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has localized low back pain that could be amenable to topical treatment. Therefore, Methoderm was medically necessary.

**Urine drug screen with confirmation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and continues to be treated for low back pain with left lower extremity symptoms. When seen, recent AME results were reviewed. There was lumbar tenderness with decreased range of motion and decreased left lower extremity strength and sensation. Gabapentin and Methoderm gel were prescribed. Urine drug screening was requested. Criteria for the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, when seen, gabapentin and Methoderm gel were prescribed and there is no reference to planned use of opioid medication. Although tramadol had been prescribed previously, there are no identified issues of abuse or addiction. Therefore, urine drug screening was not medically necessary.