

<b>Case Number:</b>	CM15-0118367		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: North Carolina

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 56-year-old male, who sustained an industrial injury on 10/22/11. He reported initial complaints of lower back injury. The injured worker was diagnosed as having neck sprain; thoracic sprain; back pain; arm numbness; right leg numbness; right shoulder pain; brachial neuritis or radiculitis unspecified. Treatment to date has included status post lumbar fusion L5-S1 (1/18/12; urine drug screening; medications. Diagnostics included MRI lumbar spine; MRI cervical spine. Currently, the PR-2 notes dated 4/18/15 indicated the injured worker returns to the office as a follow-up visit. He brought his denial letter for the lumbar epidural steroid injection and has submitted it for IMR. He reports he is using a special cushion that is helping to reduce pains in the low back. He is continuing with his chiropractic therapy but does not feel like it is helping very much. He was then sent for physical therapy and referred to another provider. He has had x-rays of the neck, lower back and right shoulder in 2011. He has received one cortisone injection with no relief. He has had 2 sessions of physical therapy and 15 sessions of chiropractic treatment and TENS unit. He is being prescribed Lorazepam 0.5mg #30 for anxiety. The provider had requested cervical epidural steroid injections and those were denied. His lumbar spine epidural steroid injection approval lapsed and a requested extension was made. Currently he complains of neck, right shoulder and right hand with radiation to both arms with the right greater than the left. He also complains of pain in the lower back and buttocks with radiation to the right leg, which is noted greater than the left. The pain is associated with tingling, numbness in the right hand as well as pain and weakness, numbness, and tingling in the lower back and buttocks. His pain is constant in frequency. He rates the pain as a 6-7/10 and at its worst 9/10. The average pain will last 7 days. He describes the pain as pressure like, cramping, shooting, electric-like and burning with muscle pain and pins and needles sensation.

The pain level is reduced to 3-4/10 for three to four hours with medications. The pain is aggravated by bending forward, backwards, reaching, kneeling, walking, doing exercise, coughing or straining, bowel movements, lying down, and prolonged sitting or standing. The pain decreases with medications and relaxation. He notes his symptoms have worsened since his injury with his back pain being 70% of his pain and his leg pain 30% of his pain. He can walk four blocks before needing to stop due to pain. Examination of the cervical spine reveals positive Spurling Maneuver. Neck range of motion is limited. Wrist examination revealed positive Tinel's right greater than the left and positive Phalen's right wrist. The lumbar spine reveals range of motion limited and tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms. Straight leg raise is positive bilaterally with pain elicited at 30 degrees on the right and 40 degrees on the left. His motor strength is 3/5 on the right and 4/5 on the left with knee and foot extension and flexion. The provider discusses an MRI of the lumbar spine (no date) with a 1.9mm disc protrusion at L1-2, L2-3 and L4-5 with disc material and facet hypertrophy causing narrowing of neural foramina affecting the L4 nerve root. A cervical spine MRI was discussed (no date) with impression of 2.2 to 2.4mm disc protrusions with facet and uncinate hypertrophy causing bilateral neuroforaminal narrowing at C3-4 through C6-7. Although the submitted records did not include date of service 4/30/15, the provider has requested a retrospective review for Mentherm ointment for date of service 04/30/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MBR retrospective Mentherm ointment for date of service 04/30/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition 2004.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, (adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.