

<b>Case Number:</b>	CM15-0122089		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 03/10/2010. The injured worker reported sustaining injuries secondary to involvement in a motor vehicle accident. The injured worker was diagnosed as having cervical spondylosis without myelopathy, occipital neuralgia, myofascial pain syndrome/fibromyalgia, shoulder osteoarthritis, and encounter for therapeutic drug monitoring. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right shoulder, and status post bilateral occipital nerve block. In a progress note dated 02/18/2015 the treating physician reports complaints of an increase in neck pain that is described as sharp and throbbing that radiates around the skull triggering frequent headaches. Examination reveals restricted range of motion to the cervical spine, tenderness and trigger points with radiating pain to palpation on the right side of the cervical paravertebral muscles, positive cervical facet loading on the right side, pain with Spurling's maneuver, restricted range of motion to the right shoulder, and tenderness to the acromioclavicular joint and the glenohumeral joint. The treating physician noted magnetic resonance imaging from 08/17/2010 that was revealing for degenerative changes at cervical five to six, moderate to severe left neural foraminal narrowing, and mild facet joint hypertrophy at other levels of the cervical spine. The injured worker's medication regimen included Methoderm Ointment, Dendracin Lotion, Atenolol, and Lorazepam. The injured worker's pain level is currently rated a 4.5 out of 10, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects

with the use of the injured worker's medication regimen. The progress note indicated that the injured worker is able to perform activities of daily living, but that the pain interfered with the injured worker's sleep, concentration, mood, and sometimes with participating in a social setting. The treating physician requested Mentherm Ointment with a quantity of 120 noting current use of this medication. On the visit of 02/18/2015 the treating physician requested and performed six trigger point injections to the bilateral cervical paravertebral muscles, but the documentation provided did not indicate the specific reason for the treatment performed. The progress note did indicate that the injured worker had moderate pain relief immediately following the procedure.

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

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

#### **Mentherm Ointment, Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Compounded drugs.

**Decision rationale:** MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. The MTUS Guidelines specifically state that over the counter products are recommended for utilization of these products. In addition, ODG Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Mentherm Cream is not medically necessary.

#### **Trigger point injection, Right Cervical Paravertebral, Qty 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Trigger point injections (TPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** MTUS Guidelines support an initial trigger point injection trial when there is chronic myofascial pain with specific findings consistent with "trigger points". To justify subsequent trigger point injections the Guidelines have very specific criteria. The necessary exam findings are documented to be in the right cervical side only. No left sided trigger points are documented. The trial injections on the right side are supported by Guidelines and are medically necessary.

**Trigger point injection, Left Cervical Paravertebral, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Trigger point injections (TPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** MTUS Guidelines support an initial trigger point injection trial when there is chronic myofascial pain with specific findings consistent with "trigger points". To justify subsequent trigger point injections the Guidelines have very specific criteria. The necessary exam findings are documented to be in the right cervical side only. No left sided trigger points are documented. The trial injections on the left side are not supported by Guidelines and are not medically necessary.