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| <b>Case Number:</b>   | CM15-0123401 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 02/06/2001 |
| <b>Decision Date:</b> | 09/03/2015   | <b>UR Denial Date:</b>       | 06/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2015 |

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 65 year old female, who sustained an industrial injury on 02/06/2011. The injured worker is currently permanent and stationary and permanently totally disabled. The injured worker is currently diagnosed as having cervical radiculopathy, cervicogenic vertigo, cervicogenic headaches, lumbar radiculopathy with lumbar strain, bilateral wrist and hand tendinitis, upper thoracic strain with bilateral shoulder/scapular strain, secondary depression due to chronic pain, tongue pain and numbness, visual complaints, and tinnitus. Treatment and diagnostics to date has included electromyography/nerve conduction velocity studies of bilateral upper extremities which showed slight chronic right C7 radiculopathy and bilateral carpal tunnel syndrome, psychotherapy treatment, home exercise program, and medications. In a progress note dated 05/17/2015, the injured worker presented with complaints of cervical and lumbar spine pain rated 3/10 on the pain scale with medications and up to 7-9/10 without medications. Objective findings include bilateral positive straight leg raise test, mildly positive Phalen's sign, tenderness to palpation of the trapezius and upper shoulder region, and decreased sensation to light touch in the fourth and fifth digits of both hands. The treating physician reported requesting authorization for Menthoderm, Valium, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Topical Cream #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105 and 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, topical analgesics and salicylate topicals.

**Decision rationale:** Menthoderm gel is a combination of methyl salicylate and menthol. As per California MTUS Chronic Pain Guidelines and ODG (Official Disability Guidelines), Salicylate topicals are recommended and "topical salicylate (e.g. Ben-Gay, methyl salicylate) is significantly better than placebo" in chronic pain. In addition, MTUS Guidelines state topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". Medical records state relief of pain and headaches with use of Neurontin. California MTUS also states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Topical Menthol is not discussed in MTUS or ODG. Therefore, based on the Guidelines and the submitted records, the request for the above compound cream is not medically necessary.

**Valium 5mg BID #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks". This injured worker has been on a benzodiazepine since at least 01/23/2015 which is much longer than the recommended 4 weeks as suggested by MTUS. Therefore, based on the Guidelines and the submitted records, the request for Valium is not medically necessary.

**Lyrica 50mg TID #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy

and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. After review of the received medical records, it does not appear that the injured worker has any of the above-qualified diagnoses. Therefore, based on the Guidelines and the submitted records, the request for Lyrica is not medically necessary.