

<b>Case Number:</b>	CM15-0040427		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male who reported injury on 02/23/2012. The mechanism of injury was cumulative trauma. Prior therapies include medication and physical therapy. Documentation of 01/15/2015 revealed the injured worker had complaints of pain in the head, neck, upper back, shoulder, elbow, wrist and hand with radiation to the bilateral arms. The injured worker complained of pain in the mid back, low back, knee, ankle and foot with radiation to the bilateral legs. The pain was associated with numbness and weakness. The injured worker indicated on a scale of 0 to 10, the severity was 3/10 to 4/10. Physical examination revealed full range of motion in both the cervical and lumbar spine. Motor strength was 5/5 in the bilateral upper and lower extremities. Sensation was intact bilaterally in the upper and lower extremities. Reflexes were symmetric at 2+/4 bilateral upper extremities and 2+/4 in the bilateral lower extremities. The diagnoses included displacement of lumbar intervertebral disc without myelopathy. The documentation indicated the injured worker underwent an MRI, which revealed L5-S1 posterior disc bulge bilaterally and bilaterally neural foraminal narrowing, compromising the L5, S1 exiting nerve roots. As such, the request was made for a lumbar epidural steroid injection, a trial of physical therapy and medications, including naproxen 550 mg 1 by mouth twice a day as needed, omeprazole 20 mg 1 by mouth twice a day, cyclobenzaprine 7.5 mg twice a day #60 and Docuprene 100 mg by mouth twice a day as needed. There is no Request for Authorization, nor rationale for the requested medication.

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

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

**Menthoderm ointment 120g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical Salicylates Page(s): 111,105.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are 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. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide a rationale for the use of the medication. The request as submitted failed to indicate the frequency and body part to be treated with Mentoderm. Additionally, there was a lack of documentation indicating that trials of antidepressants and anticonvulsants had failed. Given the above and the lack of documentation, the request for Mentoderm ointment 120g is not medically necessary.