

<b>Case Number:</b>	CM15-0064680		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 (IW) is a 51-year-old female who sustained an industrial injury on 12/02/2002. She reported pain in both wrists and right shoulder. On 02/19/2015, the IW is seen by the Psychiatry and Neurology primary treating physician and examined. The injured worker was diagnosed as having tendonitis of both wrists, hands and elbows, right worse than left; Possible Reflex Sympathetic Dystrophy right upper extremity; right greater than left cervical strain with cervicogenic headaches; right shoulder pain with frozen right shoulder/upper extremity; cervical strain with cervicogenic headaches; secondary depression and anxiety due to chronic pain; secondary GERD due to use of pain medication. Treatment to date has included Carpal tunnel surgery on her right wrist in September 2003 and on her left wrist January 2004 with a current diagnosis of reflex sympathetic dystrophy, or chronic regional pain syndrome. For her pain, she states she takes hot showers and uses a TENS transcutaneous electrical nerve stimulation (TENS) unit and feels these are most helpful in relieving her pain. The IW is seen in the orthopedic center 02/23/2015 for review in an orthopedic consultation. At that time, the injured worker complains of difficulty extending her right arm and flexing her right shoulder, and complains of diffuse burning of her right upper extremity. The plan of care on 2/19/2015 includes Mentherm ointment, Lab work up with estrogen level, Lidoderm DIS 5%, Flexeril 7.5 1 every 12 hours as needed, and Psychotherapy for 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm oint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. Decision based on Non-MTUS Citation WebMD:

[http://www.webmd.com/drugs/drug-151934-](http://www.webmd.com/drugs/drug-151934-Menthoderm+Top.aspx?drugid=151934&drugname=Menthoderm+Top)

[Menthoderm+Top.aspx?drugid=151934&drugname=Menthoderm+Top](http://www.webmd.com/drugs/drug-151934-Menthoderm+Top.aspx?drugid=151934&drugname=Menthoderm+Top); Physicians Products Inc., Mentoderm Gel: <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-mentoderm>.

**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 one 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 indicated the medication had helped control the injured worker's pain and/or allowed less pain medications. However, the objective functional benefit was not provided and the objective pain relief was not provided. The request as submitted failed to indicate the frequency, body part, and quantity for the request. Given the above, the request for Mentoderm ointment is not medically necessary.

**Lab work up with estrogen level:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health: <http://www.nlm.nih.gov/medlineplus/ency/article/003711.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=laboratory+tests>.

**Decision rationale:** Per [www.nlm.nih.gov](http://www.nlm.nih.gov), "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review failed to provide the rationale for the necessity for an estrogen level. Signs and symptoms were not provided. Given the above, the request for lab work up with estrogen level is not medically necessary.

**Lidoderm DIS 5% 1 BID PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for pain. The objective functional improvement and an objective decrease in pain were not documented. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Lidoderm DIS 5% 1 twice a day as needed is not medically necessary.

**Flexeril 7.5mg 1 q12 hours as needed; #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker was to utilize Flexeril on a trial basis secondary to a flare-up of pain and muscle spasms. However, 60 tablets would exceed the guideline recommendations for duration of care. Given the above, the request for Flexeril 7.5 mg 1 every 12 hours as needed #60 is not medically necessary.

**Psychotherapy for 6 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of

psychotherapy is 3-4 sessions and with evidence of objective functional improvement, total of up to 6-10 visits. The clinical documentation submitted for review indicated the injured worker had been tearful. However, 6 sessions would be excessive. The documentation indicated the injured worker was noted to be depressed upon evaluation. Given the above and the lack of documentation of exceptional factors, the request for psychotherapy for 6 visits is not medically necessary.