

<b>Case Number:</b>	CM15-0096348		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44-year-old female who sustained an industrial injury on 6/10/08. Injury occurred when the vehicle she was driving struck another vehicle in front and the airbag deployed. She experienced acute onset of neck pain, some low back discomfort that disappeared, and sustained a non-displaced fracture of the left distal ulnar shaft. The 4/23/15 treating physician report cited a chief complaint of constant low back pain radiating to both buttocks and posterior thighs that worsened with activity and movement, weight bearing, bending backwards, and twisting. Pain was better with rest. She also reported right sided neck pain radiating to the right shoulder and between the shoulder blades, upper neck pain radiating into her skull and triggering frequent headaches, and decreased right hip pain. The injured worker had undergone a lumbar medial branch block with Lidocaine, reported 70% pain relief, and significantly increased range of motion in the blocked area for up to 5 hours, then the pain gradually returned to baseline. Current medications included hydrocodone/acetaminophen, baclofen, Lunesta, naproxen, omeprazole, tramadol, and Methoderm. Cervical spine exam documented restricted range of motion, paravertebral muscle tenderness and trigger point, and normal upper extremity neurologic exam. Lumbar spine exam documented limited and painful range of motion, tenderness and trigger points, normal heel/toe walk, positive lumbar facet loading, significant L4-S1 facet tenderness, and normal lower extremity neurologic exam. Right hip exam documented significant greater trochanteric tenderness and multiple iliotibial band trigger points. The diagnosis was lumbosacral facet arthropathy, myofascial pain syndrome, trochanteric bursitis, cervical facet arthropathy, and occipital neuralgia. Topical cream was clinically

appropriate for this injured worker due to greatly reduced side effects. She was working full time. The 4/27/15 utilization review certified the requests for radiofrequency ablation bilateral L3, L4, and L5, hydrocodone/acetaminophen 10/325 mg #90, Lunesta 3 mg #30, tramadol 50 mg #120, and baclofen 10 mg #360. The request for Mentherm 120 gm, #1 was non-certified based on an absence of guideline support and no evidence of oral medication failure.

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

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

**Mentherm (nea) 120 gm, Qty 1: 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state that the efficacy in clinical trials for topical non-steroidal anti-inflammatory drug (NSAIDs) has been inconsistent and most studies are small and of short duration. Guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, particularly of the knee and elbow or other joints that are amenable to topical treatment, limited to 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of the spine, hip or shoulder. Guideline criteria have not been met. The injured worker presents with neck, back and left hip complaints. She is currently prescribed an oral NSAID with no compelling reason to support the medical necessity of a topical agent. There is no evidence that the current oral medications are not tolerated or are ineffective in managing her pain. Therefore, this request is not medically necessary.