

<b>Case Number:</b>	CM14-0009582		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year old male with a work injury on 4/17/2013. The injured worker complains of neck pain, middle and lower back pain. The pain is 6/10, aching, sharp and stabbing. The physical examination revealed restriction of range of motion of his neck and lower back; palpable tenderness of the spine and the muscles around the spine, as well as positive straight leg rise in both legs. The power is reduced in his lower limbs, and the sensation is abnormal in his lower limbs. Cervical and lumbar MRI revealed disc protrusions and facet arthropathy but no herniation; the nerves in the lumbar appear to be touching the disc. He has been diagnosed of Cervicalgia; thoracic or Lumbosacral Neuritis or Radiculitis, Chronic pain syndrome. The previous treatment includes epidural steroid injection, Cyclobenzaprine, Gabapentin, Norco, Wellbutrin, and Mentherm. In dispute is the request for Mentherm Gel 120 grams 2-3 times per day for a 1 month supply for symptoms related to lumbar & cervical spine injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM GEL 120 GRAMS 2-3 X DAY X 1 MONTH SUPPLY FOR SYMPTOMS RELATED TO LUMBAR & CERVICAL SPINE INJURY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

**Decision rationale:** The topical analgesics are regarded by the MTUS as experimental drugs which can be used in the treatment of neuropathic pain not responding to antidepressant or anticonvulsants. The MTUS recommends against the use of any compounded medication containing one or more agent that is not recommended. Methoderm is a combination of Methyl salicylate and Menthol. Menthol is not a recommended agent.