

<b>Case Number:</b>	CM14-0105167		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 California. 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:

According to the records made available for review, this is a 49-year-old female with a 2/22/11 date of injury. At the time (5/6/14) of request for authorization for Mentherm 360 gms, there is documentation of subjective (neck pain radiating to the right shoulder, right shoulder pain, right elbow pain, and right wrist pain radiating to the fourth and fifth digits with numbness and tingling) and objective (tenderness to palpation over the upper trapezius, decreased right shoulder range of motion, and right wrist positive Tine's sign and hypothenar atrophy) findings, current diagnoses (cervical multilevel degenerative disc disease, right shoulder tendinitis, right elbow sprain/strain, and right wrist/hand carpal tunnel syndrome), and treatment to date (ongoing therapy with Mentherm gel). There is no documentation that trial of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Mentherm gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm 360 gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s):111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>

**Decision rationale:** Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical multilevel degenerative disc disease, right shoulder tendinitis, right elbow sprain/strain, and right wrist/hand carpal tunnel syndrome. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. In addition, given documentation of ongoing treatment with Menthoderm gel, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Menthoderm gel. Therefore, based on guidelines and a review of the evidence, the request for Menthoderm 360 gms is not medically necessary.