

<b>Case Number:</b>	CM14-0118583		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation, 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:

This 29 year-old patient sustained an injury on 2/4/14 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include 1 Prescription of Menthoderm gel 240gm. Diagnoses include Right elbow/forearm strain/sprain; medial and lateral epicondylitis; and Headaches. Conservative care has included medications, therapy, bracing, hot/cold unit, IF unit, and modified activities/rest. Report of 2/27/14 showed findings of right elbow/ forearm light scratch, swelling, tenderness to palpation of anteriorly/ posteriorly/ laterally/ medially, decreased range with positive Cozen's/ Mill's test with decreased motor strength of 4/5. Report of 4/17/14 from the provider noted the patient with ongoing headaches without improvement with moderate severe right elbow pain without improvement. Exam showed right elbow tenderness to palpation with restricted range of motion. The request(s) for 1 Prescription of Menthoderm gel 240gm was non-certified on 7/1/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Menthoderm gel 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury without documented functional improvement from treatment already rendered. The 1 Prescription of Methoderm gel 240gm is not medically necessary and appropriate.