

<b>Case Number:</b>	CM14-0131215		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal Medicine and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 53-year-old who had a work related injury on August 13, 2003. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated July 31, 2014. The injured worker complained of low back pain left greater than right. Pain is rated 6/10. Constant, stabbing, and burning sensation. Worse with activities. Frequently radiated to left lower extremity with numbness and tingling. He had lumbar epidural steroid injections in the past with temporary relief. He denied any bladder or bowel incontinence. Left hip pain rated 6/10, status post surgery. Left knee pain 6/10 status post surgery times two unsure of years with stainless steel screws, constant felt like grinding stabbing throbbing pain. Worse with activities occasionally radiated to left calf with numbness no tingling. Wore brace during daytime. Current medication Norco, ibuprofen, soma, omeprazole, LidoPro cream, ice and heat therapy, home exercise program, TENS (transcutaneous electrical nerve stimulation) unit. Pain decreased to 4/10 with these treatments and increased 10/10 without. It improved his activities of activity living activities of daily living. On physical examination limited lumbar flexion, limited left knee adduction. Positive tenderness to palpation in lumbar spine. Tenderness over left ilium and patella. Lumbar spine pain with movement flexion greater than hyperextension. Left knee pain with movement extension and adduction. Decreased sensation in left lower extremity. Weakness in left lower extremity. Ambulated with more weight on right lower extremity. Diagnosis strain/sprain of cruciate ligament of knee. Lumbar spine sprain/strain. Meniscal tear of left knee. Trochanteric bursitis. Prior utilization review on August 7, 2014 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120 ml, one bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Mentoderm 120 ml, one bottle, is not medically necessary or appropriate.