

<b>Case Number:</b>	CM14-0138139		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

According to the records made available for review, this is a 45-year-old male with an 8/2/13 date of injury. At the time (8/12/14) of the Decision for Compound: Mentherm, QTY: 360gm, there is documentation of subjective (neck, low back, and bilateral shoulder pain) and objective (tenderness over the lateral epicondyle, positive Neer's and Hawkin's tests over the right shoulder, and limited range of motion of the cervical and lumbar spine) findings, current diagnoses (cervical and lumbar sprain with disc protrusion, bilateral shoulder strain with AC osteoarthritis/tendinitis, and gastritis secondary to NSAIDs), and treatment to date (physical therapy, chiropractic treatment, and medications). There is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Mentherm, QTY: 360gm:** 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): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mentherm-cream.html>

**Decision rationale:** Medical Treatment Guideline identifies Methoderm 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. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar sprain with disc protrusion, bilateral shoulder strain with AC osteoarthritis/tendinitis, and gastritis secondary to NSAIDs. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Compound: Methoderm, QTY: 360gm is not medically necessary.