

<b>Case Number:</b>	CM14-0164583		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 56 year old male who reported injury on 02/10/2014. The mechanism of injury was twisting his knee and bracing himself against a wall with his right hand/elbow. His diagnoses include cervical spine muscle spasms and right wrist rule out carpal tunnel syndrome. His past treatments include physical therapy and medications. He has had an MRI done to his right knee, right elbow and lumbar spine. No surgical history was provided. On 10/19/14 the injured worker reported right wrist and cervical spine pain that was constant and rated his pain as 6/10. There were no pertinent objective physical exam findings provided. Her current medications included Tramadol, Naproxen, Prilosec and creams. The treatment plan was to continue acupuncture and medications. There was no rationale provided. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm ointment and patches:** 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): 105 111.

**Decision rationale:** The request for Menthoderm patches is not medically necessary. The injured worker reported pain to his cervical spine and right wrist. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The submitted documentation did not indicate that the injured worker had not been responsive to or was intolerant to other treatments. Additionally, there is no rationale indicating why the injured worker would require a topical patch versus oral medication. Also, the dose and frequency for the proposed medication were also not provided. Given the above, the request is not medically necessary.