

<b>Case Number:</b>	CM14-0186291		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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:

This patient is a 63 year old male, who developed chronic neck, shoulder and hip problems subsequent to a slip and fall on 8/04/08. He has been diagnosed with a cervical radiculopathy (electrodiagnostic positive), shoulder tendon avulsions (has had surgery) and a hip fracture. He has persistent pain levels rated at 5-6/10 on VAS scoring. Current treatment consists of oral analgesics. Medications and DME is office dispensed. There is no record of a 30 TENS trial or ongoing specific benefits from TENS use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs

**Decision rationale:** MTUS Guidelines support the use of non-prescription topical counter irritants, but the Guidelines specifically state that common over the counter products such as Ben Gay ODG are recommended. Guidelines do not support this as a special compounded product. In

addition, ODG Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to the Guideline recommendations. The requested compounded Mentoderm Cream is not medically necessary.

**TENS Patches (2 Pair) DOS 10/02/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**Decision rationale:** MTUS Guidelines are very specific regarding the recommended use of TENS units which would include the pads. TENS units are recommended only if there was a 30 day trial with clear cut documentation of use patterns and objective benefits. There should also be ongoing documentation of use and benefits. These standards have not been met with this patient. Under these circumstances the TENS unit is not Guideline supported. The TENS Patches (2 Pair) are not medically necessary.