

Case Number:	CM14-0029610		
Date Assigned:	06/16/2014	Date of Injury:	02/25/2011
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 59-year-old male who was injured on February 25, 2011. The patient continued to experience right shoulder pain. Physical examination was notable for tenderness over the anterior and posterior aspects of the right shoulder and mild decrease in strength of the right shoulder. Diagnoses included rotator cuff syndrome of the right shoulder, hypertension, and depressive disorder. Treatment included medications. The patient was scheduled for operative intervention. Request for authorization for menthoderm ointment was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MENTHODERM OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: Menthoderm is a topical analgesic medication containing methyl salicylate and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants

and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical analgesics containing menthol, methylsalicylate or capsaicin is generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There are no guidelines for menthol. The lack of evidence does not allow determination of efficacy or safety. It is not recommended. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. This compound medication contains a drug that is not recommended. Therefore, it cannot be recommended. The request should not be authorized.