

<b>Case Number:</b>	CM14-0029821		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 08/09/2010 due to lifting and manipulating a wheelchair occupied by a heavy student. On 12/10/2013, the injured worker presented with low back pain. Current medications include ibuprofen, Norco, lidocaine patch, and testosterone solution. Upon examination, there was loss of lordosis to the lumbar spine, tenderness and spasms upon palpation over the lumbar paraspinal musculature, normal sensation, and normal reflexes. Treatment included medications and topical ointments. The provider recommended Menthoderm ointment for the treatment of bilateral knees, wrists, and elbows. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### 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, (DURATION UNKNOWN FREQUENCY UNKNOWN) DISPENSED ON 1/1/10/14 FOR THE TREATMENT OF BILATERAL KNEES, WRISTS AND ELBOWS.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The retrospective request for menthoderm ointment, (duration unknown frequency unknown) dispensed on 1/1/10/14 for the treatment of bilateral knees, wrists and elbows is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or product that is not recommended is not recommended. As there is little to no research to support the use of many of these agents, the Menthoderm ointment would not be indicated. Additionally, the provider's request did not indicate the duration or frequency of the requested ointment. As such, the request is not medically necessary.