

<b>Case Number:</b>	CM14-0030242		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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:

The underlying date of injury in this case is June 21, 2012. The primary diagnosis is low back pain/lumbago. On January 23, 2014, the treating physician saw the patient on a follow-up with pain radiating to the right arm and leg and also numbness in the back and weakness in the back. On exam, the patient had full range of motion in the cervical spine with tenderness over the right superior trapezius. The patient also had full range of motion of the lumbar spine. The treating physician diagnosed the patient with a thoracic sprain and recommended Menthoderm Lotion. The treating physician referenced the Medical Treatment Utilization Schedule, noting that topical agents have a lack of systemic side effects and an absence of drug interactions. An initial physician review recommended non certification of this request, with the rationale that there are no described gastrointestinal side effects to indicate that oral medications would be contraindicated and that compounded medications are experimental and that it would not be practical to apply an analgesic cream over multiple body parts with chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTTHODERM OINTMENT 120GM QTY: 1.00:** 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.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that topical analgesics are largely experimental with few randomized trials and that if such treatment/medication is used there should be documentation of the specific analgesic effect and rationale and proposed mechanism of action for each component ingredient. The medical records do not contain such a discussion at this time. It is not clear from the medical records why this patient requires topical analgesics in general or what the rationale or proposed mechanism of action would be for this topical analgesic in particular. Therefore, the request is not medically necessary.