

<b>Case Number:</b>	CM14-0030419		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 2/6/10 date of injury. At the time (1/9/14) of the request for authorization for Menthoderm cream 120ml, there is documentation of subjective (chronic pain in the mid back as well as the lower back with some pain extending into the right hip and the outer aspect of the right leg) and objective (decreased range of motion of the lumbar spine secondary to pain, positive lumbar tenderness and paraspinal muscle spasming) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy), and treatment to date (medication including Neurontin). There is no documentation of that trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm cream 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Other Medical Treatment Guideline or Medical Evidence: online verison drugs/cdi/menthoderm-cream.

**Decision rationale:** Medical Treatment Guideline identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing use of Neurontin, there is no documentation of that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Methoderm cream 120ml is not medically necessary.