

<b>Case Number:</b>	CM14-0036976		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 22-year-old female was reportedly injured on May 1, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note indicated that there were ongoing complaints of low back pain. The physical examination demonstrated decreased range of motion and trigger points. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy and chiropractic care. A request was made for topical ointment and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective request for medication Mentherm Ointment 01/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 105.

**Decision rationale:** Mentherm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. Treatment guidelines indicate topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. The topical product in question does not contain capsaicin or anti-inflammatory medications. The MTUS Guidelines specifically comment on individual ingredients used in a topical preparations and do not recommend 'other' ingredients. The medication prescribed has an active ingredient methyl salicylate and menthol. It is not classified as an anti-inflammatory drug, muscle relaxant, or neuropathic agent. Additionally, the guidelines specifically state that any product that contains at least one drug or drug class, that is not recommended, the entire product is not recommended. When noting that neither menthol nor methyl salicylate are indicated for the treatment of tenosynovitis and are not supported by the MTUS, the request is considered not medically. Such as, the Methoderm Ointment 01/10/14 is not medically necessary.