

<b>Case Number:</b>	CM14-0054647		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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 44-year-old female who reported an injury on 07/20/2009. The mechanism of injury was not provided. On 02/18/2014 the injured worker presented with suspected carpal tunnel syndrome and tenosynovitis. Deep tendon reflexes of the bilateral upper extremities were 2+/4 and symmetrical. Diagnoses were other tenosynovitis of hand and wrist, and lumbago. Current medications included venlafaxine, naproxen, and Prilosec. The provider recommended menthoderm ointment. 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:

**Menthoderm Ointment (quantity unknown):** 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 request for menthoderm ointment quantity unknown is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with no randomized control 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 one drug that is not recommended is not recommended. There is lack of documentation that the injured worker had failed a trial of antidepressants or anticonvulsants. Additionally, the provider does not include an adequate pain assessment for the injured worker in the provided medical documents. The provider's request for menthoderm ointment does not include the dose, quantity or frequency of the menthoderm ointment, or the site that it is indicated for in the request as submitted. As such, the request is non-certified.