

<b>Case Number:</b>	CM14-0057260		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Occupational Medicine 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:

This male patient has developed continued medical problems secondary to a MVA (motor vehicle accident) on 10/11/12. His medical problems included persistent bilateral knee pain with meniscal tears seen on MRI studies. He also has persistent low back pain with left greater than right leg radiation. MRI studies of the low back show potential stenosis, but electrodiagnostic studies are negative for a radiculopathy. He also has persistent cervical discomfort. He is treated with oral analgesics consisting of Norco, Naprosyn and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Menthoderm Cream (Methyl Salicylate 15% and Menthol 10%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates, Topical Analgesics Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs.

**Decision rationale:** MTUS Guidelines support the use of non prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. ODG

Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Methoderm Cream is not medically necessary.