

<b>Case Number:</b>	CM14-0062267		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, 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:

The patient is a 52-year-old male with a date of injury of 08/04/2009. The listed diagnoses per [REDACTED] are: 1. Lumbar displaced intervertebral disk/HNP. 2. Lumbar radiculopathy. 3. Depression. According to progress report 04/07/2014 by [REDACTED], the patient is status post lifting injury from 2008 with continued left lumbar radiculopathy, L5 to S1 disk protrusion effacing anterior thecal sac, and status post left L4-L5 TFE injections on 03/26/2014. Current medications include: omeprazole 20 mg, baclofen 10 mg for muscle spasms, gabapentin 600 mg, Abilify 5 mg, and citalopram 40 mg. The provider is recommending Mentherm for the patient to trial for 1 month. Provider states the patient has used topical Terocin in the past with excellent results but this has been denied. Utilization review denied the request for mentherm on 04/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm:** 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 Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 67-68.

**Decision rationale:** This patient presents with low back pain with left lumbar radiculopathy. The provider is requesting a 1-month trial of Mentoderm as the patient had excellent results with topical Terocin cream in the past, but has been recently denied. Mentoderm contains menthol and methyl salicylate, an NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. Medical records provided for review does not indicate the patient has any peripheral joint arthritis or tendinitis. This medication is not indicated for neuropathic or myofascial pain. Recommendation is for not medically necessary.