

<b>Case Number:</b>	CM14-0065084		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/12/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 injured worker is a 61-year-old female who reported an injury on 10/12/2001. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar sprain/strain, lumbar degenerative disc disease, lumbosacral and thoracic neuritis or radiculitis, myofascial pain. Within the clinical note dated 05/09/2014, it was reported the injured worker complained of back pain which she described as intermittent. The provider did not document a physical examination. Within the most recent clinical note dated 06/17/2014, it was unchanged. The provider requested Menthoderm. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120 ml:** 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 NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Menthoderm 120 mL is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and

tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. The request failed to provide the quantity of the medication. Therefore, the request is not medically necessary.