

<b>Case Number:</b>	CM14-0072652		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/02/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 is a 52-year-old female with a 2/2/08 date of injury. She injured her mid/low back when she was lifting a 15-pound child and tried to prevent him from falling. According to a handwritten progress report dated 1/21/14 complained of low back pain, bilateral hip pain, and neck pain. Objective findings: tenderness of lumbar paravertebral and bilateral sacroiliac joints; decreased, painful ROM. The patient was utilizing Naprosyn, Hydrocodone, Flexeril, and other illegible medications. Diagnostic impression: bilateral sacroiliac joint sprain, lumbar spine disc protrusion per MRI, lumbar spine radiculopathy, lumbar spine sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 4/15/14 denied the retrospective request (1/21/14) for Methoderm ointment for head, bilateral upper extremities, shoulders, arms, elbows, hands, back, left upper extremity duration and frequency unknown. The documentation does not support these compounded formulations for this individual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (1/21/14) menthoderm ointment for head, bilateral upper extremities, shoulders, arms, elbows, hands, back, left upper extremity duration and frequency unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**Decision rationale:** CA MTUS states that Topical Salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of Mental Salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. The medical records do not establish that this patient has undergone and failed a trial of over the counter Bengay to indicate the need for this prescription compounded topical cream. Therefore, the request for Retrospective (1/21/14) Menthoderm Ointment for head, bilateral upper extremities, shoulders, arms, elbows, hands, back, left upper extremity duration and frequency unknown was not medically necessary.