

Case Number:	CM14-0088041		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2005
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/11/2014

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 patient is a 64-year-old male who was injured on 10/10/2005. The mechanism of injury is unknown. Prior treatment history has included ThermaCare patch, lumbar brace, TENS, and home exercise program. Prior medication history included Tramadol, Mentherm 120 gm, LidoPro ointment and ThermaCare patch. Progress report dated 05/13/2014 indicates the patient complained of intermittent low back pain. He reported his pain level as 7/10 and right ankle pain as well. He has been taking his Tramadol 50 mg and helped to manage his pain about 40%. It helps with functional ability such housework and pain control. He also reported TENS and ThermaCare helps also. Objective findings on exam revealed tenderness to palpation over the mid low back. His range of motion is decreased with lumbar extension. Diagnoses are lumbar discogenic syndrome and post-operative chronic pain. He was instructed to continue with his home exercise program, medications, self-care, and utilize cane as needed. His medications were refilled: Tramadol 50 mg and Mentherm 120 ml for topical analgesic. Prior utilization review dated 05/21/2014 by [REDACTED] states the request for Mentherm 120gm, QTY: 1 is denied as it is used for temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120gm, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), Lidocaine Indication,

Capsaicin, Baclofen Page(s): 111-113. Decision based on Non-MTUS Citation
<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm> -
Menthoderm™ Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical
analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical agents are largely
experimental in use. Primarily recommended for neuropathic pain when trials of antidepressants
and anticonvulsants have failed. Menthoderm gel (a topical non-steroidal anti-inflammatory
drug) is used for temporary relief of minor aches and muscle pains associated with arthritis,
simple backache, strains, muscle soreness and stiffness. The medical record records indicate the
patient has diagnoses of lumbar discogenic syndrome and post-operative chronic pain, which are
not indications of Menthoderm gel. It does not document that patient cannot tolerate oral pain
medication. Therefore, the Menthoderm 120gm, quantity: 1 is not medically necessary.