

<b>Case Number:</b>	CM14-0094484		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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:

According to the records made available for review, this is a 44-year-old female with a 10/31/13 date of injury. At the time (5/22/14) of request for authorization for Mentherm Ointment 120gm DOS: 4/17/14, there is documentation of subjective complaints of low back ache getting better, which worsens with heaving lifting and objective findings of tenderness and tightness in paraspinals, and limited range of motion. Current diagnosis is low back pain and treatment to date has consisted of physical therapy, activity modification, and medications including Flexeril and ibuprofen. There is no documentation of neuropathic pain or that trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective request for Mentherm Ointment 120gm DOS 4/17/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation. Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/mentherm-cream.html>; Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** Medical Treatment Guideline identifies Mentherm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of low back pain. However, there is no documentation of neuropathic pain or that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence the request for Mentherm Ointment 120gm is not medically necessary.