

<b>Case Number:</b>	CM14-0141297		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/29/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30-year-old female, who sustained an industrial injury on 1/29/2012. Diagnoses include right wrist sprain/strain, left wrist sprain/strain, right carpal tunnel, left carpal tunnel, lumbar sprain/strain and lumbar multiple disc bulges. EMG (electromyography) dated 3/01/2013 was read as normal. Treatment to date has included home exercises, splinting of the wrists, back brace, medications and activity modification. Per the Primary Treating Physician's Progress Report dated 7/17/2014, the injured worker reported constant sharp low back pain and right wrist pain. Physical examination of the bilateral hands revealed a positive Phalen's test and Tinel's sign. There was a positive compression test over the median nerve. The plan of care included medications and authorization was requested for Menthoderm dispensed on 7/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 7/17/14: Menthoderm (dosage unspecified):** Overturned

**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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for low back and bilateral wrist pain. When seen by the requesting provider she was having ongoing symptoms. Menthoder gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. She has localized peripheral pain that could be amenable to topical treatment. Therefore, Menthoder was medically necessary.