

<b>Case Number:</b>	CM14-0180696		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Orthopedic Surgery 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 43-year-old male with a 10/23/12 date of injury. At the time (10/22/14) of request for authorization for Mentherm ointment 120 ml, there is documentation of subjective (pain rated 8/10 without medications and 4/10 with medications; neck pain and numbness in the right upper extremity) and objective (right elbow tenderness, decreased cervical spine range of motion by 10%, cervical spasms, numbness and weakness in the right at C6) findings, current diagnoses (right elbow straining injury versus lateral epicondylitis, status post-surgery 7/14, right shoulder sprain, and C3-4 bulge), and treatment to date (home exercise program, physical therapy, activity modification, and medications (including Naproxen, Tramadol ER, and Cyclobenzaprine). There is no documentation that trials 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:

**Mentherm ointment 120 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Medical Treatment Guideline identifies Mentherm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of right elbow straining injury versus lateral epicondylitis, status post-surgery 7/14, right shoulder sprain, and C3-4 bulge. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Mentherm ointment 120 ml is not medically necessary.