

Case Number:	CM14-0195951		
Date Assigned:	12/03/2014	Date of Injury:	07/08/2013
Decision Date:	01/21/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/23/2014

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 Emergency Medicine and is licensed to practice in New York. 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 40-year-old male who was injured on July 8, 2013. The patient continued to experience pain in his right lower extremity. Physical examination was notable for tenderness over the peroneal tendon. Diagnoses was Achilles tendonitis and neuroma. Treatment included night splint, physical therapy, and medication. Request for authorization for Mentherm ointment was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Mentherm gel is a compounded topical analgesic containing methyl salicylate and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly

prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There are no guidelines regarding the efficacy of menthol. The lack of evidence does not allow determination of efficacy or safety. This medication contains a drug that is not recommended. Therefore the medication cannot be recommended. The request should not be authorized.