

<b>Case Number:</b>	CM14-0198935		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 51 year old male who has developed persistent low back, bilateral knee and upper extremity pain subsequent to a slip and fall on 4/17/14. He is being treated conservatively. There are no neurological changes and pain levels increase with activity. Average pain levels are reported to be 8/10 VAS score.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel 120 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Salicylate topicals, compounded drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs.

**Decision rationale:** MTUS Guidelines support the use of non-prescription topical counter irritants, but the Guidelines specifically state that over the counter products are recommended. This particular product is dispensed as a speciality prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. ODG Guideines also specifically address the medical appropriatness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Mentoderm Cream is not medically necessary.