

<b>Case Number:</b>	CM14-0202756		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker was a 42 year old female, who was injured on the job July 31, 2013. The injured worker was diagnosed with chronic cervicothoracic strain, bilateral shoulder rotator cuff tendinitis, cervical syrinx and perineural cysts, chronic lumbar disc injury without radiculopathy and disc protrusion/bulging on lumbar spine. The injured worker was working with modifications; precluded from lifting, pushing and pulling over 5 pounds. The injured worker was also, precluded from overhead work, repetitive spine movement and prolonged sitting or standing. On July 1, 2013, an MRI of the lumbar spine was completed, which showed retrolisthesis of L5 and S1 with mild disc desiccation and mild posterior disc space narrowing at that level. On July 1, 2013 an MRI of the right shoulder was also completed, which showed mild supraspinatus and infraspinatus tendinosis and evidence of a very shallow partial thickness articular tear of the infraspinatus tendon anteriorly. On July 1, 2013, the MRI of the left shoulder showed supraspinatus and infraspinatus tendinosis. The cervical range of motion was normal. While the injured worker was participating in physical therapy functional improvement was noted, in the progress note of May 13, 2014. According to the progress note of September 5, 2014, during the physical exam the injured worker complained of neck, low back pain and bilateral leg pain in the sciatic distribution. The injured worker rate her pain 9/10; 0 being no pain and 10 being the worse pain. The injured worker stated her pain was aggravated by standing-up, sitting down, extended periods of walking, lifting objects heavier than 5 pounds. The injured worker gets some relief from lying down. The injured worker has tried physical therapy, which the injured worker stated helped. The injured worker was currently taking ibuprofen, flurbiprofen and Norco 10/325mg. According to the progress note of September 24, 2014 the injured worker was complaining of bilateral shoulder pain with difficulty sleeping. The injured worker was having increased numbness and weakness to the left leg. The injured worker

was started on Flexeril, Neurontin, Naprosyn and omeprazole for the new symptoms. The injured worker became temporality disabled. The injured worker also received epidural injections at L4, L5 and S1. On November 24, 2014, the UR denied Menthoderm for numbness, due to, the MTUS guidelines for topical analgesics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Menthoderm for numbness:** Upheld

**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 Topical Analgesics Page(s): 111.

**Decision rationale:** Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Menthoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Menthoderm is not medically necessary.