

<b>Case Number:</b>	CM15-0008542		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 26-year-old male who reported an injury on 09/02/2014. The mechanism of injury was due to a slip and fall, landing on his buttocks and back. The injured worker has diagnoses of cervical strain and injury, and head concussion with questionable loss of consciousness. Past medical treatments consist of medication therapy. Medications include hydrocodone, naproxen, and topical analgesia. No UA's or drug screens were submitted for review. On 11/20/2014, the injured worker was seen on follow-up appointment and complained of head, neck, mid back, low back, and coccyx pain. The injured worker rated the pain at a 6/10 to 8/10. Physical examination noted that motor strength was 5/5 in all planes. Deep tendon reflexes were 2+ bilaterally. Sensory examination noted that there was decreased sensation from C5-T1 and L2-S1. There was full range of motion of the cervical and lumbar spine. Medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm Ointment 120ml apply up to twice a day to affected area:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Menthoderm Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** The request for Menthoderm ointment 120 mL apply twice a day to affected area is not medically necessary. California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated that the injured worker had lumbar back pain. However, there was lack of documentation that the injured worker had tried and failed antidepressants and anticonvulsants. Additionally, there were no pain assessments submitted for review indicating what pain levels were before, during, and after medication application. Furthermore, the efficacy of the medication was not submitted for review. Given the above, the request would not be indicated. As such, the request is not medically necessary.