

<b>Case Number:</b>	CM15-0167682		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 30-year-old female, who sustained an industrial injury on 4-7-14. The injured worker was diagnosed as having carpal tunnel syndrome and myalgia and myositis. Treatment to date has included hand surgery on 10-23-14 for carpal tunnel syndrome, acupuncture, physical therapy, a home exercise program, use of a wrist brace, and medication. On 5-5-15 and 7-14-15 pain was rated as 5 of 10 at best and 10 of 10 at worst. The injured worker had been using Mentherm ointment since at least February 2015. Currently, the injured worker complains of pain in the arms and hands associated with tingling, numbness, and weakness. Neck pain was also noted. The treating physician requested authorization for retrospective Mentherm ointment with 2 refills. On 8-18-15, the request was non-certified; the utilization review physician noted "the medical records do not establish that the patient has failed over the counter Ben-Gay to indicate the need for this brand name prescribed medication."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Mentherm ointment with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Mentherm beyond 1 month exceeds the trial period recommended above. The claimant does not have arthritis. The claimant had been on the medication for months in combination and continued need for oral opioids. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Mentherm is not medically necessary.