

<b>Case Number:</b>	CM15-0194643		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Emergency 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 5-17-2014. The medical records indicate that the injured worker is undergoing treatment for bilateral flexor and extensor tendinitis, bilateral carpal tunnel syndrome, and bilateral lateral epicondylitis. According to the progress report dated 4-28-2015, the injured worker reports that she is slowly getting better. The physical examination reveals tenderness over both lateral elbows, but less so than previously. She is tender over both dorsal and volar forearms. The current medications are Voltaren, Prilosec, and Mentherm. Previous diagnostic studies include electrodiagnostic testing. Treatments to date include medication management and physical therapy. Work status is described as temporarily partially disabled. The original utilization review (9-18-2015) had non-certified a retrospective request for Mentherm ointment (DOS: 4-28-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pharmacy purchase of Mentherm Ointment 120g (DOS: 4/28/15): Upheld**

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

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

**Decision rationale:** Methoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). As per MTUS chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. Pt has used this medication for an unknown time period with no documentation of any objective benefit. MTUS recommends short term (4-12 weeks) while the patient has reportedly been using this for much longer time period. The long term continued use of Methoderm is not medically necessary.