

<b>Case Number:</b>	CM15-0200165		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: 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:

The 44 year old female injured worker suffered an industrial injury on 4-23-2013. The diagnoses included disorders of the bursae and tendons of the shoulder, cervicgia and carpal tunnel syndrome. On 6-17-2015 the provider noted pain in the left shoulder with radiation to the left arm with associated tingling, numbness and weakness in the left hand rated 6 out of 10 and worst was rated 8 out of 10. The pain decreased with medication. There was left cervical muscles were tender. The left shoulder, hand elbow and neck were very painful. The injured worker had been using Mentherm. Prior treatment included chiropractic and acupuncture. The Utilization Review on 9-15-2015 determined non-certification for Retrospective Mentherm 15% topical analgesic gel (unspecified DOS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mentherm 15% topical analgesic gel (unspecified DOS):** Overturned

**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, Salicylate topicals.

**Decision rationale:** Methoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of Methoderm gel and oral NSAIDs have caused her heartburn, therefore, the request for retrospective Methoderm 15% topical analgesic gel (unspecified DOS) is determined to be medically necessary.