

<b>Case Number:</b>	CM15-0056514		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/26/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female who sustained an industrial injury on 5/26/01 when she was securing her patient's "Geri-chair" the wheel rolled over the injured worker's right foot resulting in immediate pain in the right foot and ankle with swelling that caused her to limp and later the same day experienced left foot and ankle pain, she felt was due to compensating. The next day she was examined, x-rays were done of both ankles and were negative. The diagnosis was contusion and inflammation. She was treated with medications, right foot/ ankle splint, physical therapy, hot and cold packs, massage and crutches. The treatment was of no benefit. She had another industrial injury in 7/01 that involved pain in her hands and wrists. She has had multiple falls since the 5/26/01 injury. She currently complains of aching, burning pain in the knees bilaterally; bilateral wrist pain with numbness; achy, stabbing low back pain. The pain intensity is 9.5/10 for all complaints listed. Medications are omeprazole, Lasix, Norco, temazepam. Diagnoses include lumbar spine discogenic disease; bilateral wrist strain/ sprain, tenosynovitis; status post right wrist surgery; status post left knee surgery (9/26/09); status post right knee surgery (6/27/09); bilateral knee degenerative disc disease; right knee probable re-tear, medial meniscus; status post right ankle surgery (11/03); depression; sleep disturbances secondary to pain. Treatments to date include medications, physical therapy, acupuncture which is helpful in decreasing pain and tenderness. Diagnostics include lumbar MRI (12/12/09) abnormal; MRI right knee (10/8/12). In the progress note dated 1/26/15 the treating provider's, plan of care requests Menthoderm gel to manage/ reduce pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentoderm Gel 240mg with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

**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. Mentoderm (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, Mentoderm Gel 240gm with 1 refill is not medically necessary.