

<b>Case Number:</b>	CM15-0085126		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Pennsylvania, Ohio, 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 32-year-old female, who sustained an industrial injury on 9/29/2012. Diagnoses include neck pain, disorders of bursae and tendons in shoulder region, sprain of wrist and depressive disorder. Treatment to date has included medications, diagnostics and modified work. Per the SOAP Notes dated 3/09/2015, the injured worker reported pain in the right shoulder, right wrist and right hand with radiation into the right arm. Physical examination of the cervical spine revealed range of motion to forward flexion of 50 degrees, extension to 40 degrees, rotation 50 degrees to the right and 50 degrees side bending. There was tenderness to palpation over the right cervical paraspinal muscles, superior trapezius, rhomboids and cervical facets. The plan of care included topical analgesic application and retrospective authorization was requested for Menthoderm dispensed on 3/09/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgsics Page(s): 111-113.

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.