

<b>Case Number:</b>	CM14-0120930		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old male with a 5/29/12 date of injury. At the time (7/2/14) of request for authorization for Menthoderm 120gm (4 fl oz) applied on affected area prn and Naproxen 550mg 1 tab po bid #60, there is documentation of subjective (continuous pain in the neck and left shoulder, and difficulty sleeping) and objective (tenderness to palpation over the cervical paraspinal muscles and hypertonicity of the left trapezius) findings, current diagnoses (cervical sprain/strain, myofascial pain, shoulder impingement syndrome, and cervical degenerative disc disease), and treatment to date (physical therapy and acupuncture). Medical report identifies a request for a trial of Menthoderm and Naproxen. Regarding Menthoderm 120gm (4 fl oz) applied on affected area prn, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM 120GM (4 FL OZ) APPLIED ON AFFECTED AREA PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/menthoderm-cream.html>

**Decision rationale:** Medical Treatment Guideline identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, myofascial pain, shoulder impingement syndrome, and cervical degenerative disc disease. In addition, there is documentation of a request for a trial of Methoderm. However, despite documentation of continuous pain, there is no documentation of neuropathic pain. In addition, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Methoderm 120gm (4 fl oz) applied on affected area prn is not medically necessary.

**NAPROXEN 550MG 1 TAB PO BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, myofascial pain, shoulder impingement syndrome, and cervical degenerative disc disease. In addition, there is documentation of a request for a trial of Naproxen. Furthermore, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg #60 I tab PO BID #60 is medically necessary.