

<b>Case Number:</b>	CM14-0128845		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/07/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 59-year-old individual was reportedly injured on July 7, 2007. The mechanism of injury was not listed in these records reviewed. There were no progress notes, clinical summaries, objective clinical data or any other parameters presented for review. There were not diagnostic imaging studies available for review. Previous treatment included topical and oral analgesic medications. A request had been made for Menthoderm and was not certified in the pre-authorization process on August 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, 86, 87-88,91,338-339, 346,Chronic Pain Treatment Guidelines Chapter 23, Low Back Complaints p288 p300 p298-299Summary of Recommendations for Low Back Complaints p309.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 105, 112. The Expert Reviewer's decision rationale:As

noted in the MTUS, "Menthoderm is a topical analgesic with the active ingredient methyl salicylate and menthol." There are very narrowly focused clinical limitations to the applicability of this product. However, there were no clinical notes presented for review. As such, without any clinical information, there is no basis to establish the medical necessity of this product.