

<b>Case Number:</b>	CM14-0137833		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 43 year old male with a work injury dated 1/9/14. The diagnoses include low back pain, lumbar radiculopathy. Under consideration is a retrospective request for Mentherm ointment (duration, frequency and quantity unspecified) dispensed on 07/14/2014. There is a primary treating physician report dated 1/14/14 that states that the patient feels worse. He complains of left low back radiating to left and left groin. He was diagnosed with a urinary tract infection and pyelonephritis both resolved, and continued low back pain. The exam revealed intact BLE strength, sensation and reflexes. The treatment plan was modified work, physical therapy and medication management. Per documentation subsequently, the patient developed low back pain that radiates down his left leg. The physical examination reveals a positive straight leg raising sign on the left and diminution of pinprick sensation in the left L5 dermatome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Mentherm ointment (duration, frequency and quantity unspecified) dispensed on 07/14/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Topical analgesics Page(s): 105 111-113. Decision based on Non-MTUS Citation <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>.

**Decision rationale:** Retrospective request for Menthoderm ointment (duration, frequency and quantity unspecified) dispensed on 07/14/2014. Menthoderm is a topical analgesic used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. The active ingredients are Methyl Salicylate 15.00% and Menthol 10.00% . The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of intolerance to oral medications necessitating the need for this topical analgesic. Furthermore, this medication is recommended for short term temporary relief of pain. The request does not indicate a duration, frequency or quantity. For these reasons the request for Menthoderm ointment (duration, frequency and quantity unspecified) dispensed on 07/14/2014 is not medically necessary,