

<b>Case Number:</b>	CM14-0139117		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/24/2006
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

The patient is a 46 year old male who sustained an injury 10/24/2006. The mechanism of injury is unknown. Prior treatment history has included home exercise program, TENS and stationary bike. Prior medication history as of 05/27/2014 included omeprazole, Mentherm, Sertraline, and Vicodin (VAS 8/10 without medications and 5/10 with medications). Progress report dated 07/21/2014 documented the patient to have complaints of chronic low back pain radiating to his left leg. He takes Vicodin prn and helps to control his pain. Objective findings on exam revealed tenderness to palpation of the lumbar paraspinal muscles. He has limited range of motion. The patient is diagnosed with lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis and chronic pain. He is prescribed Vicodin 5/325 mg, Sertaline 50 mg, Omeprazole 20 mg, Mentherm cream and TENS patches. Prior utilization review dated 08/11/2014 states the request for Mentherm Cream QTY #1 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm Cream QTY #1:** 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 Analgesics, Page(s): 111-113.

**Decision rationale:** Methoderm contains menthol/methyl salicylate. According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Based on the ODG/CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.