

<b>Case Number:</b>	CM14-0144025		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Preventive Medicine 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 55-year-old female with a 10/22/10 date of injury. At the time (8/25/14) of the Decision for Mentherm, 120ml, there is documentation of subjective (low back pain radiating to lower extremity with cramping) and objective (restricted lumbar range of motion) findings, current diagnoses (low back pain, lumbosacral/thoracic neuritis or radiculitis, and lumbar facet arthropathy), and treatment to date (medications (including ongoing treatment with Tramadol, Lidopro ointment, Cymbalta, Omeprazole, and Mentherm)). Medical report identifies documentation of 40% pain relief with medications. There is no documentation that 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:

**Mentherm, 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**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/mentherm-cream.html> Other

Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** Medical Treatment Guideline identifies Mentherm 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbosacral/thoracic neuritis or radiculitis, and lumbar facet arthropathy. In addition, there is documentation of neuropathic pain and ongoing treatment with Mentherm. Furthermore, given documentation of 40% pain relief with medications, there is documentation of functional benefit; and an increase in activity tolerance as a result of Mentherm use to date. However, 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 Mentherm, 120ml is not medically necessary.