

<b>Case Number:</b>	CM14-0144517		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old female who reported an injury on 08/02/2007. The injury reportedly occurred when the injured worker slipped on a wet floor in the bathroom. Her diagnoses were noted to include cervicothoracolumbar strain. Her previous treatments were noted to include home exercise program, TENS unit, physical therapy, heat/ice applications, and medications. The progress note dated 05/30/2014 revealed complaints of low back pain and left shoulder discomfort. The injured worker indicated medications and TENS treatment helped with pain. The physical examination revealed tenderness to palpation and decreased range of motion to the lumbar spine. The provider indicated Menthoderm topical was given to the injured worker to help with the pain. The progress note dated 08/29/2014 revealed complaints of low back pain after laminectomy surgery. The injured worker indicated the medications and TENS treatment helped with the pain. The physical examination revealed tenderness to palpation and decreased range of motion. The provider indicated no medication side effects had been reported and encouraged the injured worker to stay active with the home exercise program and TENS treatment. The Request for Authorization form was not submitted within the medical records. The request was for 1 prescription of Menthoderm 120 gm for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Menthoderm 120 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** The request for 1 prescription of Mentherm 120 gm is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical salicylates are appropriate for the treatment of pain. The guidelines recommend topical salicylates for pain; however, there is a lack of documentation regarding efficacy and improvement functional status with the utilization of this medication. The request failed to provide the frequency at which this medication is to be utilized. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.