

<b>Case Number:</b>	CM14-0163206		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

This 24 year-old patient sustained an injury on 11/1/13 while employed by [REDACTED]. Request(s) under consideration include Menthoderm Ointment 120ml. Diagnoses include neck pain and lumbar radiculopathy. Report of 9/22/14 from the provider noted the patient with ongoing chronic neck and low back pain rated at 4-5/10 and 7/10 respectively with neck spasm reduced when using muscle relaxer. Conservative care has included medications, therapy, and modified activities/rest. Exam showed normal DTRs of upper and lower extremities; normal gait; tenderness in cervical and lumbar spine; decreased range by 20% with normal left hip exam. Treatment include topical compound. The request(s) for Menthoderm Ointment 120ml was non-certified on 9/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM OINTMENT 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): 111-113.

**Decision rationale:** This 24 year-old patient sustained an injury on 11/1/13 while employed by [REDACTED]. Request(s) under consideration include MENTHODERM OINTMENT 120ML. Diagnoses include neck pain and lumbar radiculopathy. Report of 9/22/14 from the provider noted the patient with ongoing chronic neck and low back pain rated at 4-5/10 and 7/10 respectively with neck spasm reduced when using muscle relaxer. Conservative care has included medications, therapy, and modified activities/rest. Exam showed normal DTRs of upper and lower extremities; normal gait; tenderness in cervical and lumbar spine; decreased range by 20% with normal left hip exam. Treatment include topical compound. The request(s) for MENTHODERM OINTMENT 120ML was non-certified on 9/27/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The MENTHODERM OINTMENT 120ML is not medically necessary and appropriate.