

<b>Case Number:</b>	CM15-0112079		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male who sustained an industrial injury on 01/31/2014. Diagnoses include lumbosacral strain and sprain, and lumbosacral radiculitis. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, and steroid injections. A Magnetic Resonance Imaging of the lumbar spine done on shows disc protrusion of L3-4 2-3 mm broad based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing, and L4-5 6mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing and canal stenosis, and bilateral exiting nerve root compromise is seen, and L5-S1 1-2mm broad based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. A physician progress note dated 04/28/2015 documents the injured worker complains of lumbosacral pain which is constant and moderate and he rates it as 7 out of 10. The pain radiated to his bilateral lower extremities left greater than right. There is positive sciatica, positive Straight Leg Raise. There is decreased sensation in L5 and S1. The treatment plan is for continuation of Transcutaneous Electrical Nerve Stimulation unit, hot and cold unit, follow up with Dr. Paquette, and follow up in four weeks. Treatment requested is for Menthoderm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm cream:** 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:** CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when trials of first-line agents such as antidepressants and anticonvulsants have failed. MTUS guidelines do not specifically address Methoderm as a topical analgesic. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The components of Methoderm are not recommended, therefore the request is not medically necessary.