

<b>Case Number:</b>	CM15-0115193		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, California  
 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:

This is a 45 year old male patient, who sustained an industrial injury on August 27, 2014. He reported an injury to his right foot after stepping on a nail. The diagnoses associated with the request include ulcer of the right foot. Per the doctor's note dated 5/26/15, he had complains of left shoulder pain and right foot pain. He rates his pain a 9 on a 10-point scale and describes the pain as sharp intermittent pain with sharp constant burning. The physical examination revealed open wound on the ball of the right foot and decreased sensation to pinprick in the medial foot right greater than left. Per the note dated 5/21/15, he had complaints of right foot ulcer. The medications list includes prilosec, tramadol, ondansetron, voltaren, gabapentin, venlafaxine, melatonin and acetaminophen. Past surgical history includes laparotomy, left foot surgery and left finger surgery. Treatment to date has included pain medications and wound culture. The treatment plan includes wound culture, x-rays of the right foot, MRI of the right foot, non- weight-bearing status, Terocin patches and Lidopro gel to the foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Months Supply of Menthoderm Gel (Camphor .30 Percent, Menthol 2.5 Percent) 240 ML: 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, pages 111-113.

**Decision rationale:** 3 Months Supply of Mentherm Gel (Camphor .30 Percent, Menthol 2.5 Percent) 240 ML. Mentherm contains methyl salicylate/menthol. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Failure of anti-depressants and anticonvulsants is not specified in the records provided. Any intolerance or lack of response to oral medications was not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of 3 Months Supply of Mentherm Gel (Camphor .30 Percent, Menthol 2.5 Percent) 240 ML is not fully established for this patient.

**3 Months Supply of Terocin Patches (Menthol 4 Percent, Lidocaine 4 Percent): 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, pages 111-113.

**Decision rationale:** 3 Months Supply of Terocin Patches (Menthol 4 Percent, Lidocaine 4 Percent) Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of 3 Months Supply of Terocin Patches (Menthol 4 Percent, Lidocaine 4 Percent) is not fully established for this patient.