

<b>Case Number:</b>	CM15-0027206		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old male who sustained an industrial injury on 7/22/14 when he fell from a forklift injuring his back, neck, left shoulder, arm, hip, leg and foot. He felt immediate sharp pain in the above areas. He was medically evaluated and received x-rays of his chest, back and groin which were negative. He was given medications and physical therapy which did not help with his symptoms. He has been off work since the injury. He currently complains of constant cervical spine pain (6-7/10), bilateral shoulder pain (9/10) and low back pain. On physical exam he has abnormal range of motion of the cervical spine with tenderness in the left trapezius, scalene and rhomboid muscles; full range of motion of bilateral shoulders; normal lower extremities. Diagnoses include chest wall contusion; lumbar spine sprain/ strain; herniated disc of the lumbar spine with left sided radiculopathy; groin contusion; pelvic contusion; cervical spine sprain/ strain with degenerative arthritis; left trapezial strain and sprain; sleep deficits and headaches (resolved) Treatments to date include chiropractic treatment; home exercise; medication; physical therapy; back brace; acupuncture. Diagnostics include MRI of the lumbar spine (8/12/14) showing bilateral lateral recess narrowing and moderate foraminal stenosis; MR of the pelvis (8/12/14) unremarkable. In the progress note dated 1/21/15 the treating provider's plan of care included menthoderm ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

**Decision rationale:** Menthoderm Cream is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Cream. Menthoderm Cream #1 is not medically necessary.