

<b>Case Number:</b>	CM15-0090762		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Illinois

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 47 year old female, who sustained an industrial injury on June 27, 2013. She was diagnosed with cervical sprain, lumbar sprain, right shoulder bursitis, left ankle tendinitis and left knee bursitis. Treatment included ankle surgery, pain medications, anti-inflammatory drugs, neuropathic medications, topical analgesics and steroid injections to the knee. Currently, the injured worker complained of cervical and lumbar spine pain and left ankle pain with a pain level of 8/10. She was noted to have muscle spasms and decreased range of motion on flexion and extension. The treatment plan that was requested for authorization included retro review Menthoderm cream dispensed on December 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retro Review Menthoderm Cream Dispensed on 12/11/14: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on June 27, 2013 . The medical records provided indicate the diagnosis of cervical sprain, lumbar sprain, right shoulder bursitis, left ankle tendinitis and left knee bursitis. Treatment included ankle surgery, pain medications, anti-inflammatory drugs, neuropathic medications, topical analgesics and steroid injections to the knee. The medical records provided for review do not indicate a medical necessity for Retro Review Methoderm Cream Dispensed on 12/11/14. Methoderm is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Methoderm contains methyl salicylate and Menthol. The Menthol content is not medically necessary.