

<b>Case Number:</b>	CM15-0092203		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Arizona, 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 8/15/13. He reported pain in the right shoulder, neck and lower back. The injured worker was diagnosed as having right shoulder status post rotator cuff repair, cervical sprain and lumbar sprain. Treatment to date has included Percocet, an EMG study, physical therapy and a lumbar MRI on 4/2/14 showing a focal central disc protrusion at L1-L2, L2-L3, L3-L4 and L4-L5. As of the PR2 dated 4/20/15, the injured worker reports no change in lumbar and right shoulder pain. Objective findings include lumbar flexion 35 degrees and extension 20 degrees and tenderness to palpation in the lumbar muscles. The treating physician requested Mentherm cream 240gram #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm cream 240g #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Mentherm beyond 1 month exceeds the trial period recommended above. The claimant had been on Mentherm for several months. A progress note on 2/23/15 indicated that the claimant does not get relief from Mentherm. The continued use of Mentherm is not medically necessary.