

<b>Case Number:</b>	CM14-0142222		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 43-year-old male with a 9/22/13 date of injury. At the time (7/31/14) of request for authorization for Mentoderm topical cream 4oz #1, there is documentation of subjective (low back, mid back, and right rib pain, rated 5-6/10, pain occasionally radiates down both legs to the feet, right side greater than left) and objective (tenderness to palpation right lower lateral rib and over right costochondral junction, limited lumbar range of motion in all planes, and tibialis anterior, extensor hallucis longus, inversion, eversion, and plantar flexors 5-/5 bilaterally) findings, current diagnoses (status post right eight rib fracture, thoracic disc herniations at T5-6 and T12-L1, and lumbar herniated nucleus pulposus), and treatment to date (acupuncture, physical therapy, and medications (including ongoing treatment with Norco, Tramadol, and Lidopro)). There is no documentation that trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentoderm topical cream 4oz #1:** 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 Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/menthoderm-cream.html>

**Decision rationale:** Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of a diagnosis of status post right eighth rib fracture, thoracic disc herniations at T5-6 and T12-L1, and lumbar herniated nucleus pulposus. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Menthoderm topical cream 4oz #1 is not medically necessary.