

<b>Case Number:</b>	CM13-0046666		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 51 year old female that reported a work injury on 11/29/2010. The mechanism of injury was not included in the medical records. On the office visit dated 08/22/2013, the patient complained of pain of 4/10 to left elbow and left wrist that increased to a level of 6/10 with activity. The patient had a pain level of 5/10 to bilateral elbows of 0/10 scale on the office visit dated 12/19/2013. The patient stated that the pains medications helped to decrease the pain. The medical records provided diagnoses of lateral epicondylitis, carpal tunnel syndrome, overuse syndrome, and hypermobility. On 12/19/2013, the patient was seen for complaints of bilateral elbow pain rated 5/10. The examination revealed tenderness to palpation of the bilateral elbows. It was recommended the patient continue with the paraffin wax treatments, replace the TENS unit, and use Lidopro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mentherderm 120ml x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Section, and Topical Analgesics Section Page(s): 105,111.

**Decision rationale:** The requested Methoderm contains methyl salicylate and menthol. The patient is noted to have a history of moderate rated pain that is constant continues with the use of paraffin wax treatments and the use of a tens units to help with pain levels. The California MTUS guidelines state 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. The California MTUS state topical salicylate is significantly better than placebo with chronic pain. However, the documentation provided failed to support the patient was experiencing neuropathic pain and that the patient has failed a trial of first line therapy. Also, the clinical information failed to document pain relief and objective improvement as a result of this medication. Therefore the request is non-certified