

<b>Case Number:</b>	CM14-0009475		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopaedic Surgery 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:

The injured worker is a 39-year-old male injured on March 9, 2012. The record indicates a psychiatric component and it was noted there was "no need for further medical care from a musculoskeletal/neurologic perspective." A subsequent physician report indicates ongoing complaints of low back pain not controlled with medication. A home exercise physical therapy protocol was outlined. The topical preparation Methoderm and acupuncture was not certified. The records reflect ongoing low back pain rated at 9/10. It is also noted that a course of acupuncture had already been completed, as well as physical therapy and the injured had transitioned to a home exercise protocol. A Qualified Medical Evaluation (QME) was completed December, 2009 indicating the clinical situation had resolved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF MENTHODERM 120 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate. Decision based on Non-MTUS Citation SALICYLATE TOPICAL

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111/127.

**Decision rationale:** Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. Treatment guidelines indicate topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While there is some recommendation for capsaicin cream in some clinical settings, the guidelines indicate that there is no recommendation for other creams or ointments to treat chronic persistent pain. The topical product in question does not contain capsaicin or anti-inflammatory medications. MTUS guidelines specifically comment on individual ingredients used in a topical preparations and do not recommend 'other' ingredients. The medication prescribed has an active ingredient methyl salicylate and menthol. It is not classified as an anti-inflammatory drug, muscle relaxant, or neuropathic agent. Additionally, the guidelines specifically state that any product that contains at least one drug or drug class that is not recommended the entire product is not recommended. When noting that neither menthol nor methyl salicylate are indicated for the treatment of tenosynovitis and are not supported by the MTUS, the request is considered not medically necessary.

**6 SESSIONS OF ACUPUNCTURE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** When considering the date of injury, the reported mechanism of injury, the past treatment to include acupuncture and that the current Qualified Medical Examination (QME) noted no additional interventions are required, there is insufficient clinical evidence presented to support this request under the Acupuncture Medical Treatment Guidelines. The request is not medically necessary.