

Case Number:	CM14-0009538		
Date Assigned:	02/14/2014	Date of Injury:	11/27/2007
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 53-year-old female who has submitted a claim for hip pain, left foot pain, neck pain, and low back pain, associated with an industrial injury date of November 27, 2007. The medical records from 2010 through 2014 were reviewed. The latest progress report, dated 08/06/2013, showed persistent complaints of hip pain, left foot pain, neck pain, and low back pain. The patient continuously used electrical stimulation unit for pain control and cane for assistance. Physical examination of the cervical paravertebral muscles and bilateral shoulder showed tenderness. The lumbar spine segments were tender, associated with dysesthesia at the L5-S1 dermatomes. The patient walked with a cast shoe with a slight limp favoring on the left side. The treatment to date has included cervical spine surgery (2008), physical therapy and medications. Utilization review from 12/31/2013 denied the request for the purchase of unknown Methyl Salicylate/Menthol Gel for the lumbar spine because the current guidelines did not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR UNKNOWN METHYL SALICYLATE/MENTOL (MENTHODERM) GEL 120 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Topical Salicylate and Topical Analgesics Page(s): 105 & 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, Topical.

Decision rationale: Page 111 of California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Page 105 states that the guidelines referenced support the topical use of methyl salicylates; the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA warning indicating that topical OTC pain relievers that contain Menthol, or Methyl Salicylate, may in rare instances cause serious burns. In this case, the rationale of using a topical gel is to reduce the pain and decrease the need for oral medications. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Methoderm gel contains drug components that are not recommended for topical use. Furthermore, the present request failed to specify the amount of medication to dispense. Therefore, the request for unknown Methyl Salicylate/Mentol (Methoderm) gel 120mg is not medically necessary.