

<b>Case Number:</b>	CM14-0102957		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 05/15/2009. The mechanism of injury was not provided in the medical records. She is diagnosed with lumbar disc degeneration, lumbar disc displacement without myelopathy, and lumbosacral neuritis or radiculitis. Her previous treatments were not specified in the medical records. On 05//06/2014, the injured worker reported symptoms of lower back pain rated 7/10. She also indicated that her symptoms radiated into the bilateral lower extremities and her medications had not been effective. Her medications were noted to include Laxacin, Methoderm gel, Cyclobenzaprine, Effexor XR, Gabapentin, Naproxen Sodium, and Pantoprazole. The treatment plan included medication refills and continued psychotherapy. The rationale for the requested Methoderm gel was not provided in the medical records. The request for authorization form for the request was also not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for unknown prescription of menthoderm gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 111-113, 105.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental with limited evidence demonstrating efficacy and safety. The guidelines also indicate that topical analgesics are usually recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that topical compounded products that contain at least 1 drug that is not recommended, are not recommended. Methoderm gel includes methyl salicylate and menthol. The guidelines state that salicylate topicals such as methyl salicylate and Ben-Gay have been shown to be more effective than placebo for chronic pain. The clinical information submitted for review indicated that the injured worker's medication regimen included Methoderm gel, and she reported that her medications had not been effective. In the absence of documentation showing efficacy, the requested medication is not supported. In addition, documentation was not provided to indicate the patient's need for menthol in combination with methyl salicylate as opposed to methyl salicylate alone. Further, the request failed to provide a quantity, dose, and frequency. For the above reasons, the request is not medically necessary.