

Case Number:	CM14-0105317		
Date Assigned:	07/30/2014	Date of Injury:	11/04/2010
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational 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:

Injured worker is a male with date of injury 11/4/2010. Per primary treating physician's progress report dated 6/6/2014, the injured worker will have EMG/NCS on 6/11/2014. He continues to have pain in the back to buttock. There is no numbness of the legs. He is taking medications with relief and doing chiropractic therapy with benefit. On exam there is positive bilateral sacroiliac joint tenderness. Straight leg raise is negative. Sensation to bilateral feet is positive. Reflexes are positive bilateral lower extremity. There are no skin lesions. Range of motion of back is positive. There are positive bilateral back paraspinal muscle spasms. FABERS is positive bilaterally. Diagnoses include 1) myofascial pain syndrome, chronic 2) strain of lumbar spine, chronic 3) bilateral SI joint pain, chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel #2 Bottles: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 105, 111-113.

Decision rationale: Methoderm gel contains the active ingredients Methyl Salicylate 15% And Menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The request for Methoderm gel #2 Bottles is determined to be medically necessary. The request for Methoderm gel #2 Bottles is determined to be medically necessary.