

<b>Case Number:</b>	CM14-0126992		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 54 year old female injured worker with date of injury 3/10/11 with related left elbow and neck pain. Per progress report 7/24/14, she rated her pain 5/10 in intensity. The documentation submitted for review did not state whether physical therapy was utilized. Imaging studies were not available for review, though it was stated that the injured worker had an MRI of the left elbow. Treatment to date has included a Home Exercise Plan (HEP), Transcutaneous Electrical Nerve Stimulation (TENS), and medication management. The date of UR decision was 8/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 prescriptions for Methoderm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113. The Expert Reviewer's decision rationale: Methoderm is methyl salicylate and menthol. Methyl salicylate may have an

indication for chronic pain in this context. MTUS, recommends, "Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.