

<b>Case Number:</b>	CM14-0127346		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	07/29/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male with a 10/31/12 date of injury. According to a handwritten progress report dated 5/22/14, the patient rated her cervical spine and thoracic spine pain as a 3/10. She rated her right shoulder pain as 5/10 and her left forearm pain as a 3/10. Objective findings: tenderness and spasms of cervical paraspinals, tenderness of thoracic paraspinals, impingement of bilateral shoulders. Diagnostic impression: cervical spine sprain/strain, thoracic spine spondylosis, bilateral shoulder sprain/strain, left forearm sprain/strain. Treatment to date: medication management, activity modification, therapy. A UR decision dated 7/25/14 denied the request for Methoderm. While salicylate is supported by the CA MTUS guidelines, it is also available over the counter as a single agent. Adding other inert ingredients to it to form Methoderm confers no proven added benefit or efficacy, just added cost.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications Methoderm ointment (duration unknown and frequency unknown) dispensed on 05/27/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 121, 122.

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

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentoderm has the same formulation of over-the-counter products such as BenGay. However, in the present case, it has not been established that there is any necessity for this specific brand name. A specific rationale identifying why Mentoderm would be required in this patient instead of an equivalent over-the-counter equivalent was not provided. Therefore, the request for Retrospective request for medications Mentoderm ointment (duration unknown and frequency unknown) dispensed on 05/27/2014 was not medically necessary.