

<b>Case Number:</b>	CM14-0138222		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

There were 64 pages provided for review. The request for independent medical review was signed on August 26, 2014. It was for a prescription drug, generic. The request was for Methoderm, unknown duration and frequency. It was dispensed on July 21, 2014 for the treatment of neck, back, shoulder, bilateral elbows, wrists, bilateral upper extremities and bilateral lower extremities. Per the records provided, the claimant is described as a 57-year-old female with bilateral lower extremity injury from May 15, 2013 from cumulative trauma. There was chronic pain and behavioral disturbances with ongoing wrist, neck, low back, shoulder pain and myofascial pain. There was a recent flare in her pain. She has poor coping skills. She is seeing a psychiatrist and was given medicines. There was a request for 6 to 10 cognitive behavioral therapy sessions and she was advised to stop tramadol and to begin Naprosyn with Prilosec and to continue the TENS, home program and this Methoderm was also prescribed. There was also use of LidoPro cream with unknown outcome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Methoderm (DOS: 7/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 105 of 127.

**Decision rationale:** Methoderm is a combination of methyl Salicylate and menthol. The MTUS notes that topical Salicylate (e.g., Ben-Gay, methyl Salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl Salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is not medically necessary and appropriate.