

<b>Case Number:</b>	CM14-0150956		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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:

The injured worker is a 64-year-old male with a 1/31/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/8/14, the patient noted that he still had swelling of his right knee and had increased pain in his paraspinal muscles with spasms. His medications have been beneficial. Objective findings: positive left shoulder impingement, tenderness to palpation lumbar spine paraspinal muscles with trigger points, right knee surgical scar. Diagnostic impression, myofascial pain syndrome, right knee and ankle pain, lumbar spine strain. Treatment to date includes medication management, activity modification, surgery. A UR decision dated 9/13/14 denied the request for Menthoderm gel. The patient is on numerous other oral medications, and there is no medical indication to prescribe topical compounded medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel (methyl salicylate 15%, menthol 10%), 2 tubes:** Upheld

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

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

**Decision rationale:** The injured worker is a 64-year-old male with a 1/31/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/8/14, the patient noted that he still had swelling of his right knee and had increased pain in his paraspinal muscles with spasms. His medications have been beneficial. Objective findings: positive left shoulder impingement, tenderness to palpation lumbar spine paraspinal muscles with trigger points, right knee surgical scar. Diagnostic impression, myofascial pain syndrome, right knee and ankle pain, lumbar spine strain. Treatment to date includes medication management, activity modification, surgery. A UR decision dated 9/13/14 denied the request for Methoderm gel. The patient is on numerous other oral medications, and there is no medical indication to prescribe topical compounded medication.