

<b>Case Number:</b>	CM14-0154025		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of September 1, 2010. A utilization review determination dated September 5, 2014 recommends non-certification of Methoderm. A progress report dated August 5, 2014 identifies subjective complaints of neck, shoulder, and upper extremity symptoms. The patient takes Voltaren ER 100 mg one per day and Prilosec for gastritis. The patient stopped tramadol because it made her loopy and tried Tylenol which did not help. Objective examination findings revealed tenderness to palpation of the cervical spine and decreased strength in the deltoid on the right. Diagnoses include myelopathy, cervical spine herniated nucleus pulposus, atypical lesion of the cervical spine, and right elbow arthralgia. The treatment plan recommends a repeat epidural steroid injection at C7-T1. Additionally, Voltaren ER, Prilosec, and Methoderm cream are recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm gel, 4 oz.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or

Medical Evidence: <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>.

**Decision rationale:** Regarding the request for Menthoderm, this topical compound is a combination of methyl salicylate and menthol (according to the Menthoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Menthoderm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoderm is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoderm is not medically necessary.