

<b>Case Number:</b>	CM14-0162649		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/20/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Interventional Spine, 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:

The patient is a 54 year-old female with the date of injury of 06/20/2010. The patient presents with pain in her lower back, radiating down her lower extremities with tingling or numbing sensations. The patient rates her pain as 8/10 on the pain scale. The patient presents limited range of lumbar motion. His lumbar flexion is 45 degrees, extension is 15 degrees and lateral bending is 15 degrees. Examination reveals positive Straight leg raising bilaterally and tenderness over lumbar spine. The patient is currently taking Butalbital, Acetaminophen and Caffeine, Norco, Colace, Methylprednisolone, Percocet, Cyclobenzaprine, Terocin patch, Methoderm gel, Theramine, Sentra AM, Sentra PM, Gabapentin, and Trepadone. According to [REDACTED] report on 08/22/2014, his diagnosis is S/P lumbar surgery. The utilization review determination being challenged is dated on 09/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/30/2014 to 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 60.

**Decision rationale:** The patient presents pain and weakness in her lower back and legs. The patient is s/p multiple lumbar and left shoulder surgeries, including bilateral L4-L5 and L5-S1 laminaforaminotomy on 05/15/2013 and microdiscectomy on 05/29/2013. The request is for Methoderm Gel 120 ml. Methoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. The treater's reports indicate that the patient has been using Methoderm as a topical analgesic medication since at least 04/30/2014 for minor aches and pain. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. This patient does present with joint pain but the treater does not document that this topical is helping this patient in terms of pain and function. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.