

Case Number:	CM14-0179867		
Date Assigned:	11/04/2014	Date of Injury:	02/25/2013
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 48-year-old male who has submitted a claim for musculoligamentous sprain / strain of the lumbar spine, degenerative disc disease with herniated nucleus pulposus of L4-L5, and depression associated with an industrial injury date of 2/25/2013. Medical records from 2014 were reviewed. The patient complained of low back pain rated 7/10 in severity and relieved to 4/10 with medications. The patient likewise had left knee swelling from prolonged standing and walking. The patient requested for a topical medication as it provided symptom relief, as well as it limited his gastrointestinal symptoms from oral medication intake. Physical examination showed normal reflex, sensory, and motor strength of bilateral upper and lower extremities. Straight leg raise test was negative. Tenderness and spasm were noted at paralumbar muscles. Range of motion was limited. Treatment to date has included lumbar surgery on 4/22/2014, physical therapy, and medications such as Norco, Naproxen, Cyclobenzaprine, and Methoderm ointment (since at least May 2014). The utilization review from 10/28/2014 denied the request for Methoderm ointment 120mL because of no evidence of symptomatic or functional benefit derived from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation http://www.physiciansproducts.net/joomla/index.php/topical_pain_creams/72-mentoderm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Methoderm gel is prescribed since May 2014 as adjuvant therapy to oral medications. Patient has reported symptom relief, as well as lessening of gastrointestinal symptom from topical drug use. However, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for Methoderm ointment 120mL is not medically necessary.