

<b>Case Number:</b>	CM14-0021687		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

The patient is a 57-year-old female who has submitted a claim for right L4-L5 mild spinal stenosis with grade 1 anterolisthesis, chronic opiate use, possible right sacroiliac joint dysfunction status post L5-S1 fusion complicated by screw injury to the right S1 nerve root associated with an industrial injury date of July 1, 1997. Medical records from 2013 were reviewed showing the patient having persistent low back pain and right lower extremity radiculopathy. The pain is graded 0-9/10 in severity with greater pain on the right side radiating down to the right lower extremity. There is associated numbness and tingling. Most recent physical examination showed full strength in bilateral lower extremities with positive straight leg raise on the right side. Sensory examination was normal. Treatment to date has included medications, epidural steroid injections, activity modification, psychotherapy and home exercise program. Utilization review, dated February 5, 2014, denied the request for compound: Menthoderm. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: MENTHODERM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

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

**Decision rationale:** As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, use of topical creams is only optional and still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Page 105 states that while the guidelines referenced support the topical use of methyl salicylates, 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. 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 and/or methyl salicylate, may in rare instances cause serious burns. In this case, the patient has been using Methoderm since October 2013. The patient claimed to have good benefits from the medication. However, there was no objective evidence regarding the functional benefits from its use. Furthermore, the rationale of the request was not included in the medical records submitted. There is also no discussion in the medical records concerning patient's intolerance to oral formulation. The guidelines state that there is little evidence to support the use of topical creams. Moreover, the current request did not specify the amount to be dispensed. Therefore, the request for Compound:Methoderm is not medically necessary.