

Case Number:	CM14-0040724		
Date Assigned:	06/27/2014	Date of Injury:	04/14/2008
Decision Date:	09/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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:

Patient is a 45-year-old male who has submitted a claim for lumbar spondylosis and herniated nucleus pulposus, bilateral lower extremity radiculopathy, anxiety, and depression associated with an industrial injury date of 4/14/2008. Medical records from 2013 to 2014 were revealed. Patient complained of low back pain, rated 5/10 in severity, radiating to bilateral lower extremities, associated with numbness and tingling sensation. Physical examination of the lumbar spine showed muscle spasm and tenderness. Straight leg raise test was positive. Treatment to date has included use of a back brace, and medications such as Anaprox, Soma (since September 2013), Medrox patches. Utilization review from 3/17/2014 denied the request for Compound: Methoderm gel - Methyl Salicylate/Menthol 120 gm (topical) Ben Gay 2-3 times a day prn because of lack of published studies concerning its efficacy and safety. There was likewise no documentation of symptom relief with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Methoderm gel - Methyl Salicylate/Menthol 120 gm (topical) Ben Gay 2-3 times a day prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates; Topical Analgesics Page(s): 105; 111-113.

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 was prescribed as adjuvant therapy to oral medications. 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 Compound: Methoderm gel - Methyl Salicylate/Menthol 120 gm (topical) Ben Gay 2-3 times a day prn is not medically necessary.