

Case Number:	CM14-0042463		
Date Assigned:	07/16/2014	Date of Injury:	10/24/2013
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Practice 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 claimant is a 33-year-old male sustained a work injury on 10/24/13 involving the low back. He was diagnosed with non-radicular lumbar pain and degenerative disc disease. He had been treated with oral analgesics and a transcutaneous electrical nerve stimulation (TENS) unit. A progress note on 3/21/14 indicated he had continued 3/10 back pain with abnormal sensation. Objective findings were not specified. The treating physician recommended ultrasound therapy for the low back, acupuncture, gym membership and topical Mentherm gel. A progress note in 4/14/14 did not indicate the claimant was using the Mentherm and his pain level was 3/10. Instead, he was using topical Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel 120 g bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

Primary recommended Methoderm Gel for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methoderm contains methyl salicylate - a topical NSAID. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the length of Methoderm use was not specified. The following month the pain level remained the same and Methoderm use was not confirmed. The request for Methoderm is not medically necessary.