

<b>Case Number:</b>	CM14-0065611		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/07/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 60 year old male who was injured at work on 05/07/1999. The injured worker suffers from pain in his bilateral knees, right greater than left; pain in his lower back, and pain and numbness in his hands. The pain in his knee is 7/10, worse w when he drives long distances; the low back pain is 5/10. Additionally, he feels numb in the bottom of his feet, he feels weak in his feet, but he denied bowel and bladder problems. He is being treated with TENS unit, Butrans patches, Norco, and physical therapy. The medications lower his pain by 50%, and improve his activities of daily living. On physical examination, the injured worker uses a wheelchair, he is markedly weak in the right tibialis anterior and right toe flexor, but he has normal sensation and negative straight leg raise. There is limitation of range of motion his cervical and lumbar spine. His recent diagnosis include status post 14 surgeries for his right knee including arthroplasty revision secondary to infection, and recent reinfection and removal of the arthroplasty and placement of antibiotic spacer; Lumbar spondylosis status post L4-L5 and L5-S1 Laminectomies 04/26/2012; Bilateral Carpal Tunnel syndrome, severe, confirmed with EMG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Methoderm Cream is a topical Analgesic formulation comprising of Methyl Salicylate 15.00% and Menthol 10.00%. The topical analgesics are recommended as an option in the treatment of neuropathic pain not responding to antidepressants and anticonvulsants. The MTUS recommends that any formulation containing any agent or drug that is not recommended is not recommended. Therefore, the presence of Menthol in this formulation, a non-recommended agent, makes this product not recommended. As such, the request is not medically necessary.