

<b>Case Number:</b>	CM14-0069601		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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:

Patient is a 42-year-old female who has submitted a claim for lumbar radiculitis associated with an industrial injury date of 8/3/2012. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities associated with tingling and burning sensation. Pain was 3 to 4/10 in severity. Aggravating factors included prolonged standing, walking, sitting, driving, and pulling. The medications include; hot/cold modalities, TENS unit, and massage alleviated pain. Physical examination revealed right-sided lumbar spasm. Straight leg raise test was positive bilaterally. Range of motion of the lumbar spine was intact. Motor strength, sensory, and reflexes were intact. Treatment to date has included; massage, use of a TENS unit, lumbar epidural steroid injection, interferential current stimulation therapy, activity restrictions and medications such as Norco, Anaprox, and Methoderm gel. Utilization review from 4/12/2014 was not medically necessary for Methoderm gel because there was no clear indication for this medication. Also, the use of prescription of topical analgesics was unproven as effective treatment for long-term pain relief and not supported in the guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel:** Upheld

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

**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, Food & Drug Administration (FDA).

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines, page 111, 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 Over the counter (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 Methoderm Gel is not medically necessary.