

<b>Case Number:</b>	CM14-0075145		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old woman who sustained a work related injury on July 15, 2011. According to a note dated April 16, 2014 indicated that the patient was complaining of chronic back pain despite an L5-S1 anterior lumbar discectomy performed on May 7, 2013. Her physical examination revealed no focal neurological examination, negative straight leg raise test bilaterally; and a slightly antalgic gait. The patient displayed minimal lumbar tenderness with reduced range of motion. The lumbar spine x-rays dated April 16, 2014 showed a stable post open reduction internal fixation, with no evidence of fusion. The patient was diagnosed with L5-S1 annular tear with disc herniation, L5-S1 instability, status post L5-S1 anterior lumbar discectomy, and a right ankle injury. The provider requested authorization for the use of Methoderm ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm ointment 120mg:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. There is no documentation of failure of first line pain medications. Therefore, Mentoderm ointment is not medically necessary.