

<b>Case Number:</b>	CM14-0075798		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 32-year-old male who was reportedly injured on March 22, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 27, 2014, indicated that there were ongoing complaints of generalized pain complaints. The physical examination demonstrated positive Tinel's signs, significant hypersensitivity over the ulnar nerves bilaterally and tenderness over the median nerve. Diagnostic imaging studies were not presented. Previous treatment included multiple medications. A request was made for multiple medications and was not certified in the pre-authorization process on April 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Menthoderm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines support indicate topical analgesics are largely experimental and primarily recommended for neuropathic

pain when trials of antidepressants and anticonvulsants have failed. Treatment Guidelines support topical anti-inflammatories, lidocaine or capsaicin in certain clinical settings. Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. As such, this request for Methoderm is not considered medically necessary.