

<b>Case Number:</b>	CM14-0089383		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, and foot pain reportedly associated with an industrial injury of December 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and topical agents. In a Utilization Review Report dated May 23, 2014, the claims administrator denied a request for Methoderm, stating that the applicant should use an over-the-counter topical salicylate as opposed to brand named Methoderm. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported 3-4/10 knee pain. The applicant was reportedly working with limitations in place, it was suggested. The applicant was asked to continue unspecified medications. In an earlier note dated April 22, 2014, the applicant again presented with 3-4/10 knee pain. The applicant stated that unspecified medications were helping. A rather proscriptive 20-pound lifting limitation was endorsed. On this occasion, it was not clearly stated whether or not the applicant was working. The attending provider did not clearly detail the applicant's medication list on this office visit. On June 27, 2014, the applicant again reported 4-5/10 knee pain and was reportedly working modified duty. MRI imaging of the bilateral knees, an orthopedic consultation, and acupuncture were all suggested as considerations. Once again, the attending provider did not state what medication or medications the applicant was using and whether or not they were beneficial. In an earlier note dated March 4, 2014, the applicant was described as having 7-8/10 knee pain. The applicant was reportedly not working. The applicant was using Naprosyn, Norflex, Prilosec, Methoderm, and Terocin, it was stated at this point. The applicant was placed off of work on this occasion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 15%/10% #120gm.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic Page(s): 105, page 7..

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse some topical salicylates such as Mentoderm in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly stated how (or if) ongoing usage of Mentoderm has been beneficial here. The applicant continues to report pain complaints ranging anywhere from 3-7/10, despite ongoing Mentoderm usage. The attending provider did not specifically discuss Mentoderm or any of the applicant's other medications on several office visits, referenced above, surrounding the date of the Utilization Review Report, including on June 27, 2014, on May 6, 2014, on April 29, 2014, and on April 22, 2014. Therefore, this request is not medically necessary.