

<b>Case Number:</b>	CM14-0089765		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/04/2014
<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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 34-year-old female with a 3/2/14 date of injury. At the time (6/4/14) of Decision for Retro Methoderm Gel, 1 bottle, there is documentation of subjective (right shoulder pain radiating to the right upper extremity with numbness and tingling and right ankle pain radiating to the right foot with numbness and tingling) and objective (tenderness to palpitation over the anterior talofibular ligament and dorsal foot, decreased range of motion of the ankle, and mildly antalgic gait) findings, current diagnoses (right ankle sprain and right arm contusion), and treatment to date (Acupuncture, Physical Therapy and medications (Naproxen)). There is no documentation that a trial of antidepressants and anticonvulsants has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Methoderm Gel , 1 bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Topical analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/methoderm-cream.html>

**Decision rationale:** Medical Treatment Guideline identifies Mentherm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain and right arm contusion. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of antidepressants and anticonvulsants has failed. Therefore, based on guidelines and a review of the evidence, the request for Retro Mentherm Gel, 1 bottle is not medically necessary.