

<b>Case Number:</b>	CM14-0092044		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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:

This is a 36-year-old male with a 7/28/11 date of injury. He was reportedly lifting a cart weighing approximately 200 pounds and his coworker lost control and the full weight of the cart pulled him down, wrenched his back, right arm/shoulder, and knees. According to a report dated 3/5/14, the patient complained of pain in the lower back with radiation to both legs. He also complained of pain in the right arm. The pain is associated with tingling, numbness, and weakness in the legs, rated as a 5-6/10. Objective findings: restricted range of motion of lumbar spine, tenderness to palpation over the bilateral lumbar paraspinals muscles, diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Diagnostic impression: lumbar radiculitis. Treatment to date includes medication management, activity modification and a lumbar epidural steroid injection. A UR decision dated 6/4/14 denied the request for Methoderm. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm cream apply to affected area of the lower back.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**Decision rationale:** The California MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentherm 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. A specific rationale identifying why this patient requires this specific brand name formulation as opposed to an over-the-counter equivalent was not provided. Therefore, the request for Mentherm cream is not medically necessary.