

<b>Case Number:</b>	CM14-0130114		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Family Practice 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 worker is a 64 year old female who was injured on 11/17/2010. She was diagnosed with neck sprain/strain, lumbar sprain/strain, carpal tunnel syndrome, and wrist sprain/strain. She was treated with home exercises and various medications, which included naproxen, omeprazole, cyclobenzaprine, and Lidopro. On 7/25/14, the worker was seen by her primary treating physician reporting continual low back pain and neck pain as well as bilateral wrist pain. It was also reported that the collective use of her medications (not listed in the progress note) reduce her overall pain level by about 60% and improve her activities of daily living. She was recommended to continue her medications. A request on that same day for Methoderm was submitted on behalf of the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 120gm qty 1:** Upheld

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

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

**Decision rationale:** Methoderm is a topical analgesic medication product which contains menthol and methyl salicylate. The MTUS Chronic Pain Guidelines state that topical salicylates such as methyl salicylate are significantly better than placebo in chronic pain and with very low risk, and are recommended. However, in order to justify continuation, there needs to be documented evidence of functional improvement with its continual use. In the case of this worker, it is unclear if this request was for a renewal of Methoderm, or if it was for a first time request. Also, it was unclear based on the documents provided for review as to the reasoning for the Methoderm if it was a first time request. If this request was for a renewal of Methoderm, there was insufficient evidence to show direct and independent measurable functional improvement from its use. Therefore, without this required documentation to clarify the request and justify its use, the Methoderm will be considered medically unnecessary at this time.