

<b>Case Number:</b>	CM14-0196622		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

Patient is a 48 year-old male with date of injury 11/07/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as pain in the neck, bilateral shoulders, and lumbar spine. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and restricted range of motion. Positive Tinel's of the left elbow with associated left upper extremity numbness. Impingement signs were present. Range of motion for the left shoulder was restricted, and normal for the right shoulder. Range of motion was restricted in the thoracic and lumbar spine and straight leg raising tests were positive bilaterally. Diagnosis: 1. Musculoskeletal disorders and symptoms referable to neck 2. Cervical radiculopathy 3. Lumbago 4. Thoracic or lumbosacral radiculopathy 5. Shoulder tenosynovitis 6. Medial epicondylitis of the elbow 7. Lateral epicondylitis of the elbow 8. Injury to the ulnar nerve. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as eight months. Medication: 1. Menthoderm 15%-10% Topical Cream, 60 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 15%-10% topical, 60 gram x2 refills:** Upheld

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

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

**Decision rationale:** Methoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Methoderm Gel. Methoderm 15%-10% topical, 60 gram x2 refills is not medically necessary.