

<b>Case Number:</b>	CM14-0198280		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with the injury date of 04/29/09. Per physician's report 09/24/14, the patient has constant headaches, 5/10, constant neck pain radiating to the upper extremities with numbing and tingling, 7/10, constant low back pain radiating down lower extremities with numbing and tingling, 8/10, constant bilateral knee pain, 7/10 and frequent bilateral elbow pain, 6/10. Overall, the patient rates his pain as 8/10 without medication. "Topical creams/patches decrease pain, increase sleep and the patient to walk/sit/stand longer." The patient is still awaiting authorization for lumbar spine surgery. The patient presents limited range of cervical and lumbar motion. The patient is taking Omeprazole, Alprazolam, Terocin patch, Methoderm gel and Calypro cream. The patient remains off work until 11/06/14. The lists of diagnoses are: 1) Headaches 2) Brachial neuritis or radiculitis 3) Cervical disc protrusion with myelopathy 4) Lumbar disc protrusion 5) Lumbar radiculopathy 6) Bilateral elbow lateral epicondylitis 7) Right chondromalacia patella 8) Left patella tendinitis 9) Depression Per 08/18/14 progress report, the patient complains of constant low back pain at 8-9/10, radiating down his legs bilaterally, right worse than left. MRI from 06/20/14 reveals 1) mild anterolisthesis, Grade 1 of 3mm of L4 on L5 2) disc desiccation at L1-2 and L4-5, L5-S1. The patient has dynamic instability at L4-5 with stenosis. A qualitative drug screen was administered between 06/25/14 and 07/07/14. Per 07/30/14 progress report, the treater advised the patient to avoid NSAIDs. The utilization review determination being challenged is dated on 10/24/14. Treatment reports were provided from 04/25/14 to 09/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 & 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Salicylate Topicals

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

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for Mentoderm Gel #120. Mentoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. The treater's reports indicate that the patient has been using Mentoderm as a topical analgesic medication since at least 05/19/14 for minor aches and pain. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. This patient does present with left patella tendinitis but the treater does not document that this topical is helping this patient in terms of pain and function. None of the reports discuss this topical's efficacy and how it is used. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.