

<b>Case Number:</b>	CM14-0045492		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 46 year old female, who sustained an industrial injury on 8/11/2009. The diagnoses have included herniated nucleus pulposus (HNP) C6/7, herniated nucleus pulposus (HNP) L5/S1 and instability status post Anterior Lumbar Discectomy and Fusion (ALDF) (9/3/2013) and cervical and lumbar strain. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 2/3/2014, the injured worker complained of pain radiating from the neck into the arms, right worse than left. She complained of dropping everything and having weakness in her arms. She reported that medications helped with pain. Physical exam revealed decreased strength and sensation right C7. There was positive cervical tenderness. Cervical spine range of motion was decreased. Treatment plan was to refill medications: Naproxen, Menthoderm ointment, Protonix, Fexmid and Tramadol. On 3/7/2014, Utilization Review (UR) non-certified a request for RETRO Menthoderm Ointment 120ml. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE MENTHODERM OINTMENT 120ML:** 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): 104.

**Decision rationale:** According to Drugs.com, Methoderm contains methyl salicylate and menthol. Per the MTUS guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the medical records that the patient is unable to tolerate oral medications. There is also no evidence that the patient has failed over-the-counter topical medication such as BenGay. The retrospective request for Methoderm ointment 120 ml is not medically necessary.