

<b>Case Number:</b>	CM15-0133116		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 42 year old female, who sustained an industrial injury on September 21, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine disc protrusion, history of lumbar spine discogenic disease, right knee strain/sprain compensatory to altered gait secondary to lumbar spine pain, sleep disturbance secondary to pain and depression. Treatment to date has included acupuncture and medications. On April 22, 2015, the injured worker complained of pain in the lower back that radiated in the pattern of bilateral L4 and L5 dermatomes. The pain was rated as a 5 on a 0-10 pain scale. At the exam, she was symptomatic regarding her right knee, which has improved from 1-2/10 on the pain scale since a prior exam. The treatment plan included acupuncture, hypnotherapy and relaxation therapy, Mentherm 240 mg and a referral for psyche consultation. On June 10, 2015, Utilization Review non-certified the request for Mentherm 15%-10% 240 gm #1, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm 15%-10% 240gm per 04/30/15 order, Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 104, 110-112. Decision based on Non-MTUS Citation Drugs.com.

**Decision rationale:** According to Drugs.com, Methoderm contains methyl salicylate and menthol. Per Chronic Pain Medical Treatment 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 request for Methoderm 15%-10% 240gm per 04/30/15 order, Qty: 1.00 is not medically necessary and appropriate.