

<b>Case Number:</b>	CM15-0180444		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 25-year-old male, who sustained an industrial injury on 2-05-2014 from a fall. The injured worker is being treated for closed fracture of lumbar vertebra without mention of spinal cord injury, major depressive disorder, chronic pain syndrome and post-laminectomy syndrome. Treatment to date has included surgical intervention, diagnostics, cognitive behavioral therapy, psychological treatment, physical therapy and medications. Per the SOAP note dated 7- 08-2015, the injured worker presented for recheck. He reported mood stable, controlled and no episode and intention for suicide. He lives with his sister and brother. He reported pain in the head, neck, upper back and shoulders with radiation to both arms. He also reported pain in the mid back, lower back and knees with radiation into both legs. He rated the severity of his pain as 5-6 out of 10 with medications and 8-9 out of 10 without medications. With regard to functional limitations he has struggles getting dressed, cleaning his apartment, avoids physically exercising, performing household chores, and driving because of his pain. Objective findings included minimal range of motion and tenderness to palpation of the upper lumbar paraspinal muscles. Work status was temporarily very disabled. The plan of care included, and authorization was requested for Methoderm 15% analgesic gel 120mL. On 8-17-2015, Utilization Review non- certified the request for Methoderm 15% analgesic gel 120mL (DOS 7-08-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mentherm 15% analgesic gel 120ml (DOS 7/8/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chronic Pain Section: Topical Salicylates.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the use of salicylates. These guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The Official Disability Guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. Three double blind placebo controlled trials had information on 182 patients with acute conditions. Topical salicylate was significantly better than placebo (relative benefit 3.6; number needed to treat 2. 1). Six double blind placebo controlled trials had information on 429 patients with chronic conditions. Topical salicylate was significantly better than placebo overall (relative benefit 1.5; number needed to treat 5. 3), but larger, more valid studies were without significant effect. This review found evidence that was limited by the quality, validity and size of the available studies, particularly for studies in acute pain conditions like strains and sprains, where there was inadequate information to support the use of topical rubefacients containing salicylates. In chronic pain conditions such as osteoarthritis the evidence was more robust, but rubefacients appear to provide useful levels of pain relief in one in six individuals over and above those who also responded to placebo. This compares poorly with topical NSAIDs where substantial amounts of good quality evidence indicate that one in every three individuals treated will experience useful levels of pain relief over and above those who also responded to placebo. In this case, there is insufficient documentation in the medical records to support the use of Mentherm as a long-term treatment strategy for this patient. It is unclear whether Mentherm is intended to treat neuropathic pain. Further, it is unclear whether the patient has failed to respond to adequate trials of first-line agents. Finally, there is no evidence that objective outcome measures (improved pain control and function) have been monitored by the use of this agent. For these reasons, Mentherm is not considered as medically necessary.