

<b>Case Number:</b>	CM15-0206260		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/20/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 39 year old male with a date of injury on 05-20-2012. The injured worker is undergoing treatment for left knee pain status post left knee surgery in 2012, unspecified internal derangement of the knee, derangement of posterior horn of medial meniscus, and diabetes. Comorbidity conditions include diabetes. Treatment to date has included diagnostic studies, medications, aquatic therapy (17 sessions with one left), left knee arthroscopic surgery and a functional restoration program (did not improve his pain). Medications include Tramadol, Omeprazole, Diclofenac XR, and Methoderm cream (since at least 08-17-2015). A physician progress note dated 09-14-2015 documents the injured worker has complaints of left knee pain. He recently completed 17 of 18 aquatic therapy sessions. He has had no significant improvement from any interventions. He was still not able to walk more than 15 minutes. His right knee has started hurting more since he has been using it more. Tramadol reduces his pain without any significant side effects. He is not working. On examination he has pain with deep flexion of the left knee. There was tenderness to palpation over the anterior and lateral patella. The Request for Authorization dated 09-21-2015 includes Ultram, Omeprazole, and Diclofenac XR and Methoderm analgesic gel. On 09-25-2015 Utilization Review non-certified the request for Methoderm 15% analgesic gel 120ml (DOS 9/14/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 15% analgesic gel 120ml (DOS 9/14/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Knee Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Salicylate topicals, Topical Analgesics.

**Decision rationale:** Menthoderm is a topically used, compounded product made up of two substances, menthol and methyl salicylate. It works by temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID). Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. Menthol is a topical analgesic medication with local anesthetic and counterirritant qualities. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS recommends use of methyl salicylate for some inflammatory conditions that cause chronic pain but does not recommend it used for radicular pain. It does not comment on the topical use of menthol. This patient has non-radicular (nociceptive) musculoskeletal pain and a trial of Menthoderm is a viable option. However, the patient is also taking an oral NSAID. There is no indication for taking two similarly acting medications. Additionally, the provider has provided the patient with this medication for over one month but has not documented any beneficial effect from its use. Without this documentation continued use of the medication is not indicated. Medical necessity for use of this preparation has not been established.