

<b>Case Number:</b>	CM15-0206673		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 30 year old female, who sustained an industrial injury on 4-7-2014. Medical records indicate the worker is undergoing treatment for carpal tunnel syndrome with surgical repair, myalgia and myositis. A recent progress report dated 9-8-2015, reported the injured worker complained of pain in the right hand-wrist-elbow getting worse and radiating to the shoulder and neck. Pain was rated 5 out of 10 at its best and 10 out of 10 at its worst. Physical examination revealed the injured worker was unable to independently take shoes on and off and get on and off the exam table. Treatment to date has included surgery, acupuncture that only helped for a short time, 12 visits of physical therapy that helped more than acupuncture and medication management. On 9-8-2015, the Request for Authorization requested Methoderm Ointment 15%, #120 grams, x 2 bottles, total 240 grams. On 9-21-2014, the Utilization Review noncertified the request for Methoderm Ointment 15%, #120 grams, x 2 bottles, total 240 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm OIN 15%, #120 grams, x 2 bottles, total 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Online Version, Salicylate topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Methoderm is a topical analgesic consisting of Methyl salicylate and menthol. This product is used in the temporary relief of minor aches and pains of muscle and joints associated with arthritis, bruises, simple backache, sprains, and strains. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of fails to document goals improvement in pain, functional status or a discussion of side effects to justify use of a compounded product. The records do not provide clinical evidence to support medical necessity.