

<b>Case Number:</b>	CM15-0027643		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old, female patient, who sustained an industrial injury on 02/04/2010. A primary treating office visit dated 12/19/2014 reported the patient with a primary complaint of left knee pain with catching, locking and instability. The patient is noted also having had declined surgical intervention at the present time. Physical examination showed she continued to show with spasm, tenderness and guarding over the paravertebral musculature of the lumbar spine; with loss of range of motion. The left knee has patellar crepitus on flexion and extension with medial and lateral joint line tenderness; positive McMurray's test. A request was made for a topical analgesic medication. The following diagnoses are applied; carpal tunnel syndrome; chondromalacia patellae and knee tendinitis/bursitis. On 01/30/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, topical Analgesia was cited. On 02/13/2015, the injured worker submitted an application for independent medical review of service requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for menthoderm DOS: 12/19/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however there is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Methoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent". As such, this request is not considered medically necessary.