

<b>Case Number:</b>	CM15-0221203		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: 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 53 year old male, who sustained an industrial injury on 1-22-13. The injured worker was being treated for low back pain, degenerative lumbar disc, spinal stenosis, lumbar facet joint syndrome and thoracic spine pain. On 7-13-15 and 9-23-15, the injured worker complains of frequent pain in low back and right leg rated 5 out of 10 and relieved with rest and acupuncture. He can walk 6 blocks before having to stop due to pain. He is not working. Physical exam performed on 7-13-15 and 9-23-15 revealed restricted range of motion of lumbar spine with tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms and positive lumbar facet loading. Treatment to date has included physical therapy (didn't help), acupuncture (helps relieve pain), oral medications including Soma and Neurontin and topical Methoderm and activity modifications. On 10-5-15 request for authorization was submitted for Methoderm 15% 120ml and Neurontin 600mg #90. On 10-9-15 request for Methoderm 15% 120ml was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 15 Percent 120 ML:** Upheld

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

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

**Decision rationale:** Methoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Topical analgesics are recommended when there has been a failure with antidepressants or anticonvulsants. The injured worker has been prescribed a trial of Neurontin, therefore, this request is not supported. The request for Methoderm 15 percent 120 ML is determined to not be medically necessary.