

<b>Case Number:</b>	CM15-0085556		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 27 year old female who sustained an industrial injury on 06/05/2014. The patient reported her right wrist being hit by a branch. She has tried and failed conservative treatment to include: physical therapy, steroid injection, and anti-inflammatory agents. She has also had surgical consultation, which recommended a diagnostic arthroscopy of the right wrist. A recent primary treating office visit dated 04/16/2015 reported chief complaint of significantly increased right wrist pain. The pain is constant, sharp and throbbing in nature. Current medication is Mentherm topical application, and Cymbalta. She has tried NSAIDs Ibuprofen and Naproxen along with a course of physical therapy. Objective findings showed the right wrist with tenderness to palpation over the ulnar side. She has undergone radiographic study and computerized tomography of right wrist. She is diagnosed with sprains and strains of wrist; RSD upper limb; pain in right wrist, and encounter for therapeutic drug monitoring. A consultation visit dated 10/23/2014 reported chief complaint of right wrist pain requesting a second opinion. She was not currently taking medication. She underwent radiographic imaging this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm 120 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic right wrist pain. She was seen for an unscheduled follow-up due to increased pain. There was ulnar wrist tenderness and findings consistent with her diagnosis of CRPS. Methoderm and Gralise were prescribed. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. She has localized peripheral pain that could be amenable to topical treatment. Therefore, Methoderm was medically necessary.