

<b>Case Number:</b>	CM15-0086804		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Texas, Florida  
 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 46-year-old female, who sustained an industrial injury on 6/18/2014. The current diagnoses are cervical/lumbar spine radiculopathy. According to the progress report dated 4/20/2015, the injured worker complains of constant neck and low back pain. The pain is characterized as sharp, aching, and stabbing. The level of pain is not rated. The current medication list is not available for review. Treatment and diagnostics to date has included medications management, home exercise program, physical therapy, electrodiagnostic testing and acupuncture. The plan of care includes prescription for Menthoderm ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm ointment 240 g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111; 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsants and antidepressant medications have failed. The recommended second line medication is lidocaine patch. The records did not show that the patient had subjective or objective findings of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The Methoderm topical contains methyl salicylate 15% / menthol 10%. There is lack of guidelines or FDA support for the chronic use of menthol and methyl salicylate in the treatment of musculoskeletal pain. The criteria for the use of Methoderm was not medically necessary.