

<b>Case Number:</b>	CM14-0122736		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 71 year old male with a date of injury on December 4, 2012. At that time, he tripped and fell and felt a sharp lower back pain with bilateral leg pain and tingling. He complains of low back and bilateral lower extremity pain. He has had open reduction and internal fixation of the left hip. A physical exam was notable for lumbar paraspinal tenderness, left sciatic tenderness, pain with left hip movement and stiff gait. He used a cane for ambulation. He has been through physical therapy and uses Methoderm Gel and Hydrocodone. He has been on Naproxen, Prilosec, and tramadol. His diagnoses include lumbago, lumbar strain, and lumbar degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm (generic) ointment dispensed (duration and frequency unknown) for treatment of low back, right shoulder and left hip: Upheld**

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule guidelines state that topical analgesics are recommended as an option, although they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including nonsteroidal anti-inflammatory drugs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Methoderm (generic) ointment is made of methyl salicylate and menthol. Per the Medical Treatment Utilization Schedule, if one drug (or drug class) in the compounded product is not recommended, the entire compound is not recommended. Menthol is not addressed in the guidelines; therefore this service is not medically necessary at this time.