

<b>Case Number:</b>	CM14-0134525		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a patient with a date of injury of November 1, 2011. A utilization review determination dated March 18, 2014 recommends noncertification of bilateral trapezius and intrascapular trigger point injections X3. A letter dated April 9, 2014 is an appeal for the denied trigger points. The note indicates that the patient has taken anti-inflammatories, Flexeril, Skelaxin, physical therapy, acupuncture, home exercise program, tens treatment, and cervical traction. The note also indicates that the patient's radicular complaints are a separate issue from the myofascial pain. Trigger points are reportedly present in the trapezius and interscapular locations. A progress report dated July 22, 2014 identifies subjective complaints indicating that the patient has had 80% reduction in her neck pain and left hand numbness. Physical examination identifies pain with cervical range of motion testing with full strength in the upper extremities and tenderness in the bilateral trapezius area. The diagnoses include cervical disc bulges with myofascial trapezius pain. The treatment plan recommends 8 sessions of aqua therapy and Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 1 gram, three times daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127. Decision based on Non-MTUS Citation <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>

**Decision rationale:** Regarding the request for Menthoderm, this topical compound is a combination of Methyl Salicylate and Menthol (according to the Menthoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Menthoderm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoderm is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoderm is not medically necessary.