

<b>Case Number:</b>	CM14-0136163		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 May 5, 2012. A utilization review determination dated July 28, 2014 recommends noncertification of Methoderm. A progress report dated July 14, 2014 identifies subjective complaints of low back pain flare-up which is a little better and radiates into the right buttock and thigh. Current medications include Naproxen and Norco. Objective examination findings reveal trace deep tendon reflexes on the right side, tenderness in the lumbar spine, motor/sensory lower extremity intact. Diagnoses include lumbar degenerative disc disease. The treatment plan recommends lab work, medication, and refill Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel 4 oz #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate topicals Page(s): 105, 111.

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

**Decision rationale:** Regarding the request for Methoderm, this topical compound is a combination of Methyl Salicylate and Menthol (according to the Methoderm 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 Mentherm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Mentherm is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Mentherm is not medically necessary.