

<b>Case Number:</b>	CM14-0163329		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 57-year-old female with a 1/19/99 date of injury. At the time (9/25/14) of the Decision for 2 bottles of Methoderm Gel and 30 Terocin Patches, there is documentation of subjective right ankle and foot pain and objective tenderness over paravertebral muscle with restricted range of motion and tenderness over 4th and 5th metatarsal. The current diagnoses include lumbar radiculopathy, internal derangement of the knee, ankle sprain/strain, and adhesive capsulitis of the shoulder. Treatment to date includes medications (including ongoing treatment with Orphenadrine, Tramadol, Medrox ointment, Ketoprofen, Omeprazole)). Regarding Methoderm gel, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 bottles of Methoderm Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/methoderm-cream.html>

**Decision rationale:** Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, internal derangement of the knee, ankle sprain/strain, and adhesive capsulitis of the shoulder. However, despite documentation of pain, there is no documentation of neuropathic pain. In addition, there is no documentation that a trial of antidepressants and anticonvulsants has failed. Therefore, based on guidelines and a review of the evidence, the request for 2 bottles of Menthoderm Gel is not medically necessary.

**30 Terocin Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, internal derangement of the knee, ankle sprain/strain, and adhesive capsulitis of the shoulder. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 30 Terocin Patches is not medically necessary.