

<b>Case Number:</b>	CM14-0165362		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Internal 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:

The patient is an injured worker with the diagnoses of status post right lateral epicondylar repair, cervical arthrosis with radiculopathy and tension headaches, trapezial and paracervical strain, right cubital runnel syndrome, and GERD gastroesophageal reflux disease. Date of injury was 11-01-2010. Primary treating physicians report dated 02/27/14 documented subjective complaints of pain in her neck, which radiates into the right arm with numbness. Physical examination was documented. There is decreased range of motion of the cervical spine with pain. There is slight trapezial and paracervical tenderness on the right. The Spurling's test is positive on the right. There is a 10 degree flexion contracture at the right elbow with some pain on maximal extension. There is mild lateral epicondylar tenderness on the right. Grip strength is diminished on the right. Diagnoses were status post right lateral epicondylar repair, cervical arthrosis with radiculopathy and tension headaches, trapezial and paracervical strain, and right cubital runnel syndrome. The patient has a history of GERD gastroesophageal reflux disease. Treatment plan included prescriptions for Voltaren 100 mg daily, Prilosec, Methoderm gel, and cervical spine MRI magnetic resonance imaging. Utilization review determination date was 9/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Methoderm Gel 120g- dispensed: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-7.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Mentherm contains Methyl Salicylate 15% and Menthol 10%. Medical records document a history of GERD gastroesophageal reflux disease. According to MTUS, topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. Therefore, topical NSAIDs have gastrointestinal risk. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Medical records document that the patient has been prescribed Voltaren which is an NSAID. The topical NSAID Methyl Salicylate is redundant NSAID therapy. MTUS guidelines do not support the use of the topical NSAID Methyl Salicylate. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the use of topical Mentherm is not supported. Therefore, the request for 1 prescription of Mentherm Gel 120g- dispensed is not medically necessary.