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| <b>Case Number:</b>   | CM14-0124702 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 03/24/2014 |
| <b>Decision Date:</b> | 06/30/2015   | <b>UR Denial Date:</b>       | 07/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 57-year-old female who sustained an industrial injury on 03/24/2014. Mechanism of injury occurred when he was hit by a forklift on his right hand, suffering a crush injury. He suffered an open wound over a fracture. Diagnoses include crush injury right fingers, phalanges, hand fracture, middle/proximal phalanx, right hand laceration without complication, and Insulin dependent diabetes mellitus. Treatment to date has included diagnostic studies, medications, heat therapy, physical therapy, and a home exercise program. A physician progress note dated 07/22/2014 documents the injured worker complains of right hand and multi-digit pain. He rates his pain as 4 out of 10 and it is intermittent, dull, worse with activity. His pain radiates to the right upper extremity with numbness and tingling. Medications include Naproxen, Tramadol, and LidoPro cream. On examination, there is tenderness to palpation to the 2-4 MP joint and 3rd and 4th phalanges. There is significant decreased range of motion of LF and RF: flexion 90 degrees, PIP 20 degrees and DIP 25 degrees. The treatment plan includes Omeprazole 20mg #60, Naproxen 550mg #60, and follow up with surgeon to re-evaluate right fingers, and continue physical therapy and home exercise program. Treatment requested is for Methoderm Gel 120gm #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel 120gm #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Menthol, Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in March 2014 and continues to be treated for right hand and finger pain. When seen, pain was rated at 4/10. Medications prescribed included Naprosyn, tramadol, and LidoPro cream. Physical examination findings included right hand and finger tenderness. There was decreased range of motion. Methoderm gel was prescribed in place of the LidoPro cream. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has localized peripheral pain that could be amenable to topical treatment. Therefore, Methoderm was medically necessary.