

<b>Case Number:</b>	CM14-0151310		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 48 year old female, who sustained an industrial injury on October 28, 2013. She reported noting the onset of pain across her lower, middle, and upper back after pushing a fifty-pound plastic container of almonds. The injured worker was diagnosed as having lumbosacral/joint/ligament sprain/strain, and thoracic sprain/strain. Treatment to date has included x-ray, MRI, TENS, home exercise program (HEP), and medication. Currently, the injured worker complains of low back pain that occasionally radiates to the bilateral lower extremities right greater than left, with numbness/tingling in the bilateral feet and neck/upper back to the right upper extremity with numbness and tingling to the right hand. The Primary Treating Physician's report dated August 7, 2014, noted the injured worker's medications as Norco, Naproxen, Tramadol, Cyclobenzaprine, and Omeprazole, with LidoPro cream. The treatment plan was noted to include request/dispensed Menthoderm gel as LidoPro was no longer carried, refill/script written for Norco, refill/dispensed Naproxen, continued medications, encouraged home exercise program (HEP), and awaiting authorization for pool; therapy and an orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Menthoderm 120gm 4oz DOS 08/07/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in October 2013 and continues to be treated for radiating neck and low back pain. When seen, Norco had caused dizziness. Pain was rated at 5/10. She was having low back pain increased with activity. Methoderm was dispensed with the assessment stating that LidoPro was no longer being carried. Medications also included naproxen 550 mg two times per day. 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. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant is already taking Naproxen without reported adverse effect. The need to prescribe a second non-steroidal anti-inflammatory medication is not established. The request was not medically necessary.