

<b>Case Number:</b>	CM14-0027160		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/06/2007
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 63 year old patient with date of injury of 05/06/2007. Medical records indicate the patient is undergoing treatment for status post left knee arthroscopy for internal derangement and meniscal tear, chronic mechanical axial lumbar backache, left knee region arthralgia, internal derangement, recurrent myofascial strain, chronic cervicgia, left shoulder region arthralgia and neuropathic pain. Subjective complaints include shoulder, low back, right hip pain and pain in right buttock described as burning rated 4/10. Objective findings include mild tenderness to palpation over right SI joint, gluteal muscles and non-tender over the greater trochanters Range of Motion (ROM): lumbar spine range of motion - 50% normal flexion forward, this causes right buttock/hip pain; sitting straight leg raise is positive on the right, negative on left. MRI on 11/13/2007 showed multilevel disc disease, degenerative disc disease and facet arthropathy throughout lumbar spine. It was most prominent at L4-L5 where there is moderate left and mild to moderate right foraminal stenosis, L5-S1 moderate left foraminal stenosis and conjoined right L4-L5 nerve root anomaly suggested. Treatment has consisted of epidural injection, acupuncture and Lidoderm patches. The utilization review determination was rendered on 02/18/2014 recommending non-certification of MENTHODERM 120MG TIMES 2 BOTTLES.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120mg Times 2 Bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: Methoderm/Thera-Gesic is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." In this case, the treating physician does not document the failure of first line treatments. As such, the request for MENTHODERM 120MG TIMES 2 BOTTLES is not medically necessary.