

<b>Case Number:</b>	CM15-0012686		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 60- year old female, who sustained an industrial injury on January 29, 2013. She has reported a slip and fall, which resulted in a fracture of the right ankle and contusion on the left ankle and hip. The diagnoses have included cervical spine sprain/strain, cervical and lumbar radiculopathy, bilateral knee sprain/strain, left ankle tenosynovitis, right plantar fasciitis, right calcaneal spur. Treatment to date has included pain medication to include topical applications, physical therapy with home exercise program and regular follow up. Currently, the IW complains of constant pain in the neck and bilateral upper extremities with numbness and tingling in both arms rated a six on a scale of ten. The worker also had low back pain that was rated a ten radiating into the bilateral lower extremities with numbness and tingling in both legs. There was also constant bilateral knee pain rated a six and constant bilateral ankle/foot pain rated a seven on the left and an eight on the right. Current work restrictions were no prolonged overhead work, no heavy lifting, no uneven surfaces and no cleaning of more than ten rooms per shift. On January 8, 2015, the Utilization Review decision non-certified a request for Mentherm Ointment, noting the medical records did not provide documentation of the need or benefit or functional gain attributed to use of the Mentherm. There was also no documentation of failed oral medications. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of Mentherm Ointment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Topical Analgesics Sections Page(s): 105, 111 - 1.

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

**Decision rationale:** MTUS and ODG recommend 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." 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 Methoderm Ointment is not medically necessary.