

<b>Case Number:</b>	CM15-0115079		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: 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 46-year-old male who sustained an industrial injury on June 6, 2012. He has reported a left elbow pain with occasional radiation to the left arm and limited motion. Diagnoses included contusion of the left elbow and lateral epicondylitis. Treatment has consisted of surgery, a home exercise program, medications, rest, and physical therapy. Examination of the left elbow revealed range of motion to flexion was 140 degrees and extension was 60 degrees. There was a well-healed scar on the left elbow without erythema and with mild swelling. There was tenderness to palpation over the elbow. The treatment request included menthoderm topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm, quantity 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustains a work injury in June 2012 and underwent left lateral epicondyle release surgery in May 2013. When seen, he was having left elbow pain with occasional radiating symptoms and limited motion. Pain was rated at 3-8/10. There was left elbow tenderness with swelling and decreased left elbow strength. Tramadol and Methoderm were prescribed. 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. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has localized peripheral pain that has been being amenable to topical treatment. Therefore, Methoderm was medically necessary.