

<b>Case Number:</b>	CM15-0071003		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old male, who sustained an industrial injury on July 20, 2010. He reported pain in the distal end of the amputated thumb and index finger of the left hand with associated tingling and numbness of the left hand status post amputation of the 1st, 4th and 5th digits. The injured worker was diagnosed as having traumatic amputation of the thumb and fingers without mention of complication. Treatment to date has included diagnostic studies, amputation of the fingers and thumb of the left hand, conservative care, medications and work restrictions. Currently, the injured worker complains of pain in the distal end of the amputated thumb and index finger of the left hand with associated tingling and numbness of the left hand status post amputation of the 1st, 4th and 5th digits. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 19, 2015, revealed continued pain as noted. He reported waiting for a surgical consultation for the injured hand. Retrospective requests for Methoderm was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Methoderm 15% 120mg #2 bottles (DOS 3/19/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation [www.drugs.com/cdi/menthoderm-cream.html](http://www.drugs.com/cdi/menthoderm-cream.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127.

**Decision rationale:** This claimant was injured in 2010. There was an amputated thumb. He is awaiting a surgical consult. Reportedly, there is pain in the tips of amputated fingers. Menthoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately non-certified.