

<b>Case Number:</b>	CM15-0078032		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old female, who sustained an industrial injury on 8/31/1998. Diagnoses have included cervical radiculopathy, status post cervical spinal fusion, lumbar radiculopathy, fibromyalgia and headaches. Treatment to date has included magnetic resonance imaging (MRI), surgery and medication. According to the progress report dated 3/11/2015, the injured worker complained of constant neck pain that radiated down the bilateral upper extremities to the fingers. The neck pain was associated with bilateral occipital and bilateral temporal headaches. She complained of constant low back pain that radiated down the bilateral lower extremities. She also complained of frequent muscle spasms in the low back. She also complained of insomnia and frequent medication associated gastrointestinal upset. Exam of the cervical spine revealed tenderness to palpation and spasm. Exam of the lumbar spine revealed tenderness to palpation and myofascial trigger points. Trigger point injections were given. Authorization was requested for Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105 and 111-113.

**Decision rationale:** Methoderm #120 is not medically necessary per the MTUS guidelines. Methoderm is a topical analgesic used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. The active ingredients are Methyl Salicylate 15.00% and Menthol 10.00%. The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of intolerance to oral medications necessitating the need for this topical analgesic. Furthermore, this product is indicated for temporary relief of minor pain and the request has no specified quantity. The request for Methoderm is not medically necessary.