

<b>Case Number:</b>	CM15-0091466		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 39-year-old female, with a reported date of injury of 10/04/2013. The diagnoses include cervical spine strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain, lumbar, thoracic, and cervical spine muscle spasms, right leg radiculopathy, right leg paresthesia, right sciatica, and myalgia/myositis. Treatments to date have included oral medications, topical pain medication, acupuncture, electrodiagnostic studies of the lower extremities on 10/27/2014, an MRI of the lumbar spine on 10/13/2014 which showed mild/minimal bulge with mild central protrusion and foraminal stenosis, and mild early degenerative changes, and physical therapy. The progress report dated 04/23/2015 indicates that the injured worker complained of pain and tightness of the neck, upper back, and lower back with spasms. It was noted that the symptoms were slightly better. The cervical spine pain was rated 8 out of 10 at C1-C6, and the lumbar spine pain was rated 8 out of 10 at L1-L4. The objective findings include pain, and tenderness, and swelling at the lumbar and cervical spines, no redness, decreased cervical spine range of motion, and decreased lumbar spine range of motion. The treating physician requested Methoderm gel 240ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel 240ml:** Upheld

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

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

**Decision rationale:** Methoderm Gel 240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Methoderm contains methyl salicylate and menthol. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. There is no clear documentation of intolerance to oral medications, failure of antidepressants or anticonvulsants. The request for Methoderm Gel 240 is not medically necessary.