

<b>Case Number:</b>	CM14-0143899		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine: and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 35-year old male with complaints of left shoulder pain and left knee pain. The date of injury is 7/24/13 and the mechanism of injury is cumulative trauma "wear and tear" repetitive motion injury. At the time of request for Methoderm cream, there is subjective (left shoulder pain, left knee pain) and objective (tenderness to palpation to left acromioclavicular joint, no positive findings knee) findings, imaging findings (12/12/13 MRI left shoulder shows AC arthritis, MRI left knee is unremarkable), diagnoses (left AC joint arthritis, left knee sprain/strain), and treatment to date (medications, physical therapy). Methoderm is a compounded topical analgesic comprised of methyl salicylate and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although there is evidence of topical salicylates having analgesic benefit over placebo, menthol has no such support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Methoderm cream, provided on 7/15/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs/Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, Menthoderm is a compounded topical analgesic comprised of methyl salicylate and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although there is evidence of topical salicylates having analgesic benefit over placebo, menthol has no such support. Therefore, the request for Menthoderm cream is not medically necessary.