

<b>Case Number:</b>	CM13-0003052		
<b>Date Assigned:</b>	07/29/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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:

The applicant is a represented [REDACTED] truck driver who has filed a claim for chronic chest wall, rib, and shoulder pain reportedly associated with industrial injury of February 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; prior left shoulder rotator cuff repair surgery on June 25, 2012; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report of July 6, 2013, the claims administrator denied the request for Methoderm, salicylate topical. The applicant's attorney later appealed, on July 24, 2013. The applicant's treating physician, it is incidentally noted, appealed the denial on May 23, 2013. An earlier note of May 16, 2013 is notable for comments that the applicant was declared permanent stationary. The applicant sustained multiple fractures of multiple ribs. The applicant states that he continues to work for [REDACTED] as a truck driver. His employer has apparently accommodated his work restrictions. It is stated that the applicant should continue analgesic medications on an as needed basis. A later note of June 13, 2013 is notable for comments that the applicant is working full time. He does not appear to be using any medications other than the salicylate topical Methoderm, it is incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 120gm 4oz.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Methoderm is a salicylate topical. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates are recommended in the treatment of various chronic pain conditions. In this case, it is further noted that the applicant appears to have responded favorably to introduction of Methoderm. He has returned to work. He does not appear to be using any other analgesics or adjuvant medication other than Methoderm. Therefore, the original utilization decision is overturned. The request is certified, on independent medical review.