

Case Number:	CM13-0049228		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1998
Decision Date:	04/03/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 1998. Thus far, the applicant has been treated with the following: analgesic medications, topical compounds, and transfer of care to and from various providers in various specialties. In a progress note of June 5, 2013, the applicant was described as having upset stomach with Naprosyn. The applicant has returned to regular duty work. Persistent low back and knee pain were appreciated. Naprosyn, Flexeril, Zofran, Medrox, and tramadol were apparently endorsed. The applicant was given an 8% whole-person impairment rating. On September 11, 2013, the applicant was again described as working regular duty. She is asked to continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHODERM GEL BETWEEN 9/11/2013 AND 12/17/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation National Library of Medicine (NLM).

Decision rationale: Methoderm, per the National Library of Medicine (NLM), is a salicylate topical. As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Methoderm are "recommended" in the treatment of chronic pain, as is present here. The applicant has seemingly responded favorably to prior introduction of Methoderm as evinced by her successful return to regular work. She did have some issues with dyspepsia affected as a result of NSAID usage. Methoderm is therefore an appropriate option in the treatment of the applicant's chronic pain issues. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

10 TEROGIN PATCHES BETWEEN 9/11/2013 AND 12/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Capsaicin Topical, Topical Analgesics Page(s): 28,111. Decision based on Non-MTUS Citation National Library of Medicine (NLM).

Decision rationale: As noted by the National Library of Medicine (NLM), Terocin contains a variety of ingredients, including capsaicin. Capsaicin, however, per page 28 of the Chronic Pain Medical Treatment Guidelines, is considered a last-line agent, to be used only in those applicants who are intolerant to and/or have not responded to other treatments. In this case, however, the applicant has reportedly responded favorably to introduction of oral and topical agents, including tramadol, Methoderm, etc. effectively eliminating the need for the capsaicin containing agent. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, on Independent Medical Review.