

Case Number:	CM13-0059793		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2011
Decision Date:	05/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

The patient is a 51-year-old female with a work-related injury that occurred on 5/25/2011 without specific delineation as to the mechanism of injury. Her current diagnoses include Lumbalgia, Lumbar intervertebral disc disease without myelopathy, cervical degenerative disc disease, right carpal tunnel syndrome (status post release), overuse syndrome and severe depression. She often reports of 'multi injury pain' on progress reports with pain noted at between 5/10 on 1 to 10 scale. The patient's most recent progress report dated 10/30/2013 has no documented physical exam findings. On progress report from the previous month, the patient was apparently unable to extend her lumbar's, had positive tenderness to palpation to the supraspinatus musculature and decreased cervical rotational range of motion to the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 120MG 4 OZ , 1 TUBE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112..

Decision rationale: According to the MTUS guidelines, Methoderm gel is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Methoderm cream is a topical analgesic used in the temporary relief of minor aches and pains caused by arthritis, simple backache, strains, sprains, and bruises. In this case, although the patient has been utilizing Methoderm for nearly a year, it is recommended for neuropathic pain. Aside from her complaint of hand numbness / tingling directly contributed by her Carpal Tunnel Syndrome, her medical documentation does not support the diagnosis of a neuropathic pain syndrome. Additionally, there is no provider comment regarding a failure of antidepressant or anticonvulsant therapy. The request for Methoderm gel 120 mg 4 oz, 1 tube is not medically necessary and appropriate.