

<b>Case Number:</b>	CM14-0102541		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado, Kentucky, and Texas. 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 records presented for review indicate that this 29-year-old gentleman was reportedly injured on January 21, 2014. The mechanism of injury is noted as catching the middle finger in a chain and sprocket. Previous treatment includes oral medications, the use of a TENS unit, splinting, physical therapy, and a home exercise program. The most recent progress note, dated June 27, 2014, indicates that there are ongoing complaints of right hand pain with numbness from the right elbow to the right hand. The injured employee symptoms were stated to be improving with increased motion and decreased pain with physical therapy. Current medications include Naproxen, Topiramate, Omeprazole, and Methoderm gel. The physical examination demonstrated tenderness of the index finger and middle finger and decreased sensation and decreased grip strength of the right hand. Diagnostic imaging studies of the right hand indicated partial amputation a fracture of the tuft of the middle finger. A request had been made for Methoderm gel and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel ,Diaspensed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines ,Compound drugs

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

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, Methoderm gel is not medically necessary.