

Case Number:	CM14-0116526		
Date Assigned:	08/04/2014	Date of Injury:	12/21/2012
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old male who reported an injury on 12/21/2012, the mechanism of injury was not provided. On 05/15/2014, the injured worker presented with cervical, thoracic, and lumbar spine pain. Upon examination, there was tenderness to palpation over the paraspinal region and painful restricted range of motion. The diagnoses were right shoulder pain, tenosynovitis, and right shoulder partial tear. Much of this note is handwritten and largely illegible. The current medication list was not provided. The provider recommended Methoderm (methyl salicylate 15%/menthol 10%) gel 360 gm, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm (Methyl Salicylate 15%/Menthol 10%) gel 360gm: Upheld

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 Topical Analgesics Page(s): 111..

Decision rationale: The request for Methoderm (methyl salicylate 15%/menthol 10%) gel 360 gm is not medically necessary. The California MTUS Guidelines states that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that Lidoderm is the only topical form of lidocaine FDA approved. No other form of lidocaine other than Lidoderm would be recommended. Additionally, the provider's request did not indicate the site that the gel is indicated for or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.