

Case Number:	CM14-0124149		
Date Assigned:	08/11/2014	Date of Injury:	09/25/2012
Decision Date:	10/16/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 34-year-old male who reported an injury on 09/25/2012. The mechanism of injury was not provided in the medical records submitted for review. The injured worker's treatment history included analgesic medications, physical therapy, topical applications of heat and cold, and aquatic therapy. The injured worker was evaluated on 06/12/2014. It was documented the injured worker complained of persistent low back pain. There was painful range of motion. The rest of the progress note and documentation was illegible. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 6/12/14: Methoderm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methoderm Topical Analgesics, Page(s): page 111, page 105..

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the injured worker had trialed and failed antidepressants and anticonvulsants. The first report submitted on 06/12/2014 was illegible. Additionally, the request failed to include frequency and duration of the medication. As such, the request for Retro 6/12/14: Methoderm ointment is not medically necessary.