

Case Number:	CM14-0138545		
Date Assigned:	09/05/2014	Date of Injury:	04/11/2014
Decision Date:	09/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 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:

There were 144 pages provided for review. There was a non-certification for one prescription of Methoderm gel number 240. Per the records provided, the patient is described as a 52-year-old male with the date of injury of April 11, 2014. There is ongoing neck pain, mid and upper back pain, lower back pain and bilateral shoulder pain. As of July 9, 2014 the patient complained of six out of 10 pain in the neck and upper back. The patient also complained of three out of 10 pain in the lower back and left shoulder. The right shoulder hurts the worst with seven out of 10 pain. There was 2 to 3 level of tenderness to palpation over the paraspinal muscles and restricted range of motion. There was 2 to 3 out of 10 tenderness to palpation over the thoracic paraspinal muscles and restricted range of motion. The lumbar spine was also tender. Straight leg raise was found to be positive bilaterally. The Methoderm is being requested for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Methoderm gel #240 between 7/9/2014 and 10/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications / Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

Decision rationale: Methoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is not medically necessary.