

Case Number:	CM14-0145931		
Date Assigned:	09/12/2014	Date of Injury:	03/03/2010
Decision Date:	11/18/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 Interventional Spine, 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:

The patient is a 43-year-old male with an injury date of 03/03/10. Based on the 08/13/14 QME report, the patient complains of right shoulder pain rated 7/10 and pain to the bilateral hands rated 5/10. He uses over the counter creams that contain menthol to decrease the pain in his shoulder and takes Hydrocodone daily. Per progress report dated 07/11/14, the patient complains of right elbow and right hand pain that is dull and achy. Diagnoses as of 07/11/14: right postoperative shoulder pain; left shoulder internal derangement; cervical spine herniated nucleus pulposus; right elbow MLL; right hand MLL. The provider is requesting Methoderm #2 for the cervical spine, right elbow, and right shoulder. The utilization review determination being challenged is dated 05/15/14. The rationale given in the UR was "... no documentation in the notes of an objective condition necessitating this medication." The requesting provider and submitted treatment reports from 02/28/14 - 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm #2 (for body parts: Cervical spine, Right elbow, Right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate topical Page(s): 111-113,105, and 60.

Decision rationale: The patient presents with right shoulder pain rated 7/10 and pain to the bilateral hands rated 5/10. He also has right shoulder postoperative pain. Regarding topical analgesics, the MTUS guidelines state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety and recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under the MTUS "Salicylate topical" section, in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Methoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. Patient uses over the counter creams that contain menthol to decrease the pain in his shoulder. Per progress report dated 07/11/14, the patient complains of right elbow and right hand pain that is dull and achy; however the treater does not document how this topical is being used and with what efficacy. MTUS page 60 requires a record of pain and function when medication is used for chronic pain. Medical necessity has not been established.