

Case Number:	CM14-0158642		
Date Assigned:	10/02/2014	Date of Injury:	11/01/2010
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 & Rehabilitation 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 58 year old female who reported an injury on 11/01/2010. The mechanism of injury was not specified. Her diagnoses included cervical arthrosis with radiculopathy, trapezial and paracervical pain, right cubital tunnel syndrome and status post right lateral epicondylar repair. Her past treatments included manual therapy, a home exercise program and medications. On 07/10/2014, the injured worker complained of pain in her neck that radiated down her arms. An examination revealed decreased range of motion of the cervical spine, slight trapezial and paracervical tenderness on the right, and positive Spurling's on the right. Her medications were listed as Volteran 100mg taken once a day, Prilosec 20mg taken twice a day, and Methoderm gel 120g applied up to 4 times a day. The treatment plan included a recommendation of cervical spine surgery and continued use medications. A request was received for Methoderm Gel, 120gm. The rationale for the request was not clearly stated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The request Methoderm gel, 120gm is not medically necessary. Methoderm is comprised of methyl salicylate and menthol. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. The documentation indicates that the injured worker was diagnosed with cervical arthrosis and radiculopathy and complained of neck pain radiating down her arms. There is a lack of documentation indicating the injured worker has tried antidepressants and anticonvulsants, which failed to improve her pain. There is a lack of documentation demonstrating why the injured worker would require topical medication as opposed to oral medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for Methoderm gel, 120gm is not medically necessary and appropriate.