

Case Number:	CM14-0165254		
Date Assigned:	10/10/2014	Date of Injury:	11/15/2012
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management 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 injured worker is a 50-year-old male with a date of injury on 11/15/2012. As per the 10/8/14 report, he presented with constant and dull low back pain which was worse with cold weather and activity, and pain was rated at 7/10. The pain radiated to the left lower extremity with numbness and tingling to the outside of the left knee and sometimes to the toes. Objective findings revealed tenderness to palpation of the lumbar paraspinal muscles with spasms. Current medications include Ibuprofen, Tramadol, Topiramate, Cyclobenzaprine, Omeprazole, and LidoPro cream. She uses ice therapy, transcutaneous electrical nerve stimulation (TENS) unit, and does home exercise program (HEP), and 30 minute walks; all of which are helpful for pain control. With medications the pain level decreases to 6/10 from 8-9/10. She has minimal heartburn and acid reflux but better with Omeprazole and less pain medications. Methoderm gel was prescribed for non-pharmaceutical pain control because they no longer carry LidoPro cream. Diagnoses include lumbar sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, unspecified, myofascial pain and drug-induced gastritis. The request for one prescription of Methoderm Gel 4oz was denied on 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Methoderm Gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

Decision rationale: Mentherm contains methyl salicylate/menthol. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the MTUS and the Official Disability Guidelines (ODG), the only non-steroidal anti-inflammatory drug (NSAID) that is Food and Drug Administration (FDA) approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical non-steroidal anti-inflammatory drug approved in the United States) provides clinically meaningful analgesia in injured workers with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Mentherm gel is not established per guidelines.