

Case Number:	CM14-0174900		
Date Assigned:	10/28/2014	Date of Injury:	08/13/2003
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal 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:

The injured worker (IW) is a 53-year-old man with a date of injury of August 3, 2003. The IW has had low back pain since a spraining injury at work 11 years ago. He reportedly sustained a re-injury recently when he twisted his back getting out of bed. Since then his pain has become significant and unremitting. Pursuant to the progress note dated October 2, 2014, he has 6-7/10 pain across the low back with intermittent shooting pain into the left leg to his foot. He also reported constant pain in both knees. On exam, he is tender to palpation diffusely across the mid and bilateral low back, left greater than right, bilateral buttocks, and bilateral SI joints. It is further noted that upon palpation of the SI joint, it reproduces the shooting pain into his left leg and foot. A positive Spurling's test is noted. A lumbar MRI was recommended. Diagnoses include: Sprain/strain of the cruciate ligament of the knee, lumbar strain/sprain, right knee meniscus tear, and bursitis trochanteric. Treatment plan recommends the following: Continue Norco 10/325mg #180, Soma 250mg #120, Ibuprofen 800mg #90, Omeprazole 20mg #60, and Methoderm120gm. (4 fl oz).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120gm 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; Topical analgesics

Decision rationale: Pursuant to the Chronic Medical Pain Guidelines and the Official Disability Guidelines, Methoderm 120 gm., 4 ounces is not medically necessary. Topical analgesics are largely experimental with no controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, Methoderm was prescribed. However, Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, Methoderm is not recommended. Based on the clinical information in the medical record and the peer review evidence-based guidelines, Methoderm is not medically necessary.