

Case Number:	CM14-0176962		
Date Assigned:	10/30/2014	Date of Injury:	03/28/2009
Decision Date:	12/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/25/2014

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, has a subspecialty 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 patient is a 36 year old with an injury date on 3/26/09. Patient complains of low lumbar pain rated 9/10, radiating into bilateral lower extremities, mid-lumbar pain rated 6/10, bilateral knee pain rated 5/10 on the left, 2/10 on the right, and right elbow pain rated 6/10, occasionally radiating to the right fingers with numbness/tingling per 9/25/14 report. Based on the 8/28/14 progress report provided by the treating physician, the diagnoses are lumbar s/s, thoracic s/s, epicondylitis, right medial, bilateral knee pain, contusion of chest and tatus postsurgicalExam on 9/25/14 showed "alert and oriented." The 8/28/14 report stated L-spine range of motion is limited with extension at 15 degrees." Patient's treatment history includes medication (Norco, Tramadol Dexilant, Methoderm gel), HEP and TENS unit (which helped). The treating physician is requesting Methoderm gel. The utilization review determination being challenged is dated 9/30/14. The requesting physician provided treatment reports from 1/20/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel 4 OZ: 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 Anti-inflammatory medications;NSAIDs (non-steroidal anti-inflammatory drugs);NSAIDs, specific dr.

Decision rationale: This patient presents with back pain, chest pain, bilateral knee pain and right elbow pain. The patient has been using Methoderm cream since 6/19/14. Methoderm is a topical cream that contains menthol/methyl salicylate. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does present with knee, elbow pains for which topical NSAIDs may be indicated but the physician does not indicate how this topical product is being used and with what efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Recommendation is for denial.