

Case Number:	CM14-0182817		
Date Assigned:	11/07/2014	Date of Injury:	09/30/2010
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 66 year old male with an injury date of 09/30/10. Based on the 09/03/14 progress report provided by [REDACTED] the patient complains of low back pain that radiates down the left leg, left knee and left shoulder pain rated 7/10. The patient is status post 2 left shoulder, left knee and heart surgery. His prescriptions include Ibuprofen and heart medication. Methoderm topical is requested "to keep oral medication use down. This is recommended to decrease the need for systemic analgesic and is safer and has resulted in a decreased pain level." The diagnosis on 09/03/14 was lumbar strain and L5-S1 spondylosis with spondylolisthesis. [REDACTED] is requesting Methoderm Ointment, 120ML. The utilization review determination being challenged is dated 10/21/14. [REDACTED] is the requesting provider and he provided treatment reports from 06/10/13 - 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment, 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain that radiates down the left leg, left knee and left shoulder pain rated 7/10. The request is for Methoderm Ointment, 120ML. The patient is status post 2 left shoulder, left knee and heart surgery. His prescriptions include Ibuprofen and heart medication. The patient's diagnosis dated 09/03/14 included lumbar strain and L5-S1 spondylosis. Regarding topical analgesics, MTUS, page 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl Salicylate and Menthol are recommended under MTUS "Salicylate topical" section, page 105 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. Per progress report dated 09/03/14, Methoderm topical is requested "to keep oral medication use down. This is recommended to decrease the need for systemic analgesic and is safer and has resulted in a decreased pain level." In this patient, the provider does not explain how this topical is being used and specifically for which body part. It may be indicated for the patient's knee condition but not for other parts. The provider also does not document efficacy if it was being used for the knee condition. Therefore, this request is not medically necessary.