

Case Number:	CM14-0021881		
Date Assigned:	05/09/2014	Date of Injury:	10/27/2008
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Pain Medicine and is licensed to practice in New York and Texas. 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 35 year old male who sustained an injury on 10/27/08 when he sustained a laceration to the palm of the left hand measuring approximately 2cm that was initially cleaned and sutured. There was a prior injury from 05/01. Following the 10/27/08 work related injury the injured worker was followed for ongoing complaints of left low back pain and pain in the left buttock. The injured worker also reported persistent pain in the left hand at the site of the healed laceration. The injured worker indicated this pain increased with any physical activity utilizing the hand. The injured worker was utilizing anti-inflammatories and topical Methoderm gel for persistent pain in the left wrist and hand. The injured worker also reported effectiveness from acupuncture therapy and exercises. As of 12/19/13 the injured worker reported mild pain in the left hand 2/10 on VAS. Pain radiated to the left wrist. The injured worker indicated that medications provided some benefit in regards to symptoms. On physical examination there was no evidence of sensory loss. There was very mild weakness on left wrist extension and finger abduction. The injured worker was prescribed Gabapentin 600mg at this evaluation. Follow up on 01/14/14 noted continuing pain in the left hand and wrist 4/10 on VAS. The injured worker indicated he was tolerating medications well. Physical examination noted continuing mild weakness on left wrist extension. The injured worker was a good candidate for functional restoration program. Follow up on 03/12/14 noted no significant changes in pain. The injured worker reported medications were beneficial for symptoms. Physical examination showed no changes. The injured worker was recommended to continue with further acupuncture therapy and was pending functional restoration program. Follow up on 04/09/14 noted no changes in symptoms. Physical examination findings continued to note mild weakness on left wrist flexion/extension left wrist flexion. No sensory loss was identified. Further acupuncture therapy was recommended. The injured worker continued with acupuncture therapy through 05/01/14.

The requested retrospective use of Methoderm gel 120g was denied by utilization review on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MENTHODERM GEL 120GM: Upheld

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

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

Decision rationale: In regards to the request for retrospective use of Methoderm Gel 120g, this topical analgesic is not medically necessary based on Chronic Pain Medical Treatment Guidelines. Methoderm is a topical compounded medication that contains menthol and methyl salicylate. This is a commercially available over the counter medication also known as Icy Hot. From the clinical records provided for review there is no indication that the injured worker would have been unable to utilize a standard over the counter topical analgesic such as Icy Hot, which would have reasonably provided the same amount of benefit as the prescribed Methoderm compounded gel. The current evidence based guidelines consider most topical analgesics for treatment of chronic pain as experimental/investigational. They can be considered an option in the treatment of neuropathic pain when other first line medications such as anticonvulsants or antidepressants have failed. The injured worker was utilizing Gabapentin in conjunction with the prescribed Methoderm gel. Without evidence of failure of first line medication for neuropathic pain and as there were no indications for a prescribed Methoderm gel over commercially available over the counter version, this request is not medically necessary.