

Case Number:	CM14-0036070		
Date Assigned:	06/23/2014	Date of Injury:	01/08/2009
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Maryland. 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 employee was a 42-year old male who sustained an industrial injury on 01/08/09. The mechanism of injury was a fall from a 6-foot ladder and landing on his left side. His evaluations included an MRI shoulder, MRI cervical spine, electromyography and nerve conduction velocity (EMG/NCS), and a lumbar spine CT scan. His treatment included intervertebral body fusion in 2010, shoulder surgery, knee surgery, medication management, cortisone injections and Cognitive-behavioral therapy. His diagnoses included lumbar radiculitis, lumbar disc disease, cervical disc disease, and shoulder pain. The employee was seen on 12/27/13 in a follow-up. Subjective complaints included low back pain that was 8/10 in intensity. He was noted to be status post multiple surgeries. The back pain was noted to be the same as before. He also reportedly had left knee pain with minimal improvement after a cortisone injection. He was also noted to have right shoulder pain that was 7/10 in intensity associated with numbness. The pain was reportedly better with medications, topical ointment and ice. On examination, pertinent positive findings included decreased range of motion of the lumbar spine, tenderness to palpation in paraspinal muscles, decreased range of motion of shoulder with tenderness to palpation on anterior and posterior aspect, well healed surgical scars, decreased range of motion of the left elbow, and tenderness to palpation over medial and lateral epicondyle. He was noted to be walking with a walker. The diagnoses included cervical sprain/strain, shoulder sprain/strain, lumbar sprain/strain and knee sprain/strain. The plan of care included Methoderm, Lidopro topical, Cyclobenzaprine, Celebrex, Amitriptyline, Tramadol and Cognitive-behavioral therapy (CBT) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methoderm 120mg, #4oz: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Salicylate Topicals.

Decision rationale: The employee was having chronic low back, knee, elbow and shoulder pain. He had a history of multiple surgeries to his back, shoulder and knee. He was being treated conservatively with oral medications, cortisone injections and topical analgesics. In addition, he was receiving cognitive behavioral therapy sessions. He was reported to have 8/10 pain that was better with topical and oral medications. Methoderm is a topical analgesic with Methyl salicylate and Menthol. According to the MTUS guidelines, topical Salicylates (Ben-gay, methyl salicylate) are significantly better than placebo for chronic pain and are recommended. According to the ODG, topical salicylate is significantly better than placebo in acute and chronic pain. Given the ongoing chronic pain in multiple areas, despite surgeries and medications, and given the improvement in pain documented with topical medications, Methyl salicylate is medically necessary and appropriate to treat the chronic pain. Therefore, the retrospective Methoderm 120mg, #4oz is medically necessary.