

Case Number:	CM14-0045626		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2014
Decision Date:	08/07/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 25-year-old woman who sustained a work related injury on January 16, 2014. She subsequently developed lower back, right upper extremity, right lower extremity, and right knee pain. According to a follow-up report dated on March 17, 2014, the patient rates the pain as 5/10. The pain is characterized as aching and spasmodic. It radiates to the right wrist and right thigh. She states that medications are less effective. Her physical examination revealed:-lumbar: range of motion is restricted with flexion limited to 50 degrees and extension limited to 10 degrees, limited by pain.-right knee: range of motion is restricted with flexion limited to 95 degrees and extension limited to 170 degrees, limited by pain.-right ankle: painful range of motion with plantar flexion, inversion, and eversion. Tenderness to the dorsal aspect of her right ankle.-Motor testing limited by pain. Power of knee flexor's is 4/5 on right and 5/5 on left, knee extensor's is 4/5 on right and 5/5 on left, tibiatis anterior is 4/5 on right, flexor hallucis longus is 4/5 on right, extensor hallucis is 4/5 on right. -Light touch sensation is normal all over the body.The patient was diagnosed with arthropathy, thoracic or lumbosacral neuritis or radiculitis, pain in joint of lower leg, and sleep disturbance. She was treated with the Cyclobenzaprine, Hydrocodone, Methoderm gel, and Quazepam. The provider requested authorization for Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bottle of Methoderm Gel, to be applied 3 times a day, for symptoms related to low back, right wrist, right knee and right ankle injury: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of functional and pain improvement with previous use of Mentoderm gel. Based on the above Mentoderm gel is not medically necessary.