

Case Number:	CM14-0046752		
Date Assigned:	07/02/2014	Date of Injury:	11/26/2012
Decision Date:	08/27/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 11/26/2012. The documentation of 02/05/2014 revealed the injured worker had complaints of pain in the neck, mid upper back, and right hip and thigh. The injured worker complained of pain and numbness in the bilateral wrists and radiating pain in the low back radiating into the pattern of bilateral L3 and L4 dermatomes. The physical examination revealed Grade 2 tenderness in the cervical, thoracic, and lumbar spine, as well as bilateral wrists, hands, right hip, and right thigh. Prior treatment included physical therapy and extracorporeal shockwave therapy and acupuncture. The diagnosis included cervical, thoracic, and lumbar spine musculoligamentous sprain and strain. The documentation indicated the injured worker underwent a computed tomography (CT) scan of the lumbar spine and a magnetic resonance imaging (MRI) of the lumbar spine. The treatment plan included acupuncture therapy to the cervical spine, thoracic spine, lumbar spine, bilateral wrists, and right hip 2 times a week for 6 weeks and Methoderm as well as urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111; 105.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. However, there was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. The other medications the injured worker was utilizing were not provided. The request as submitted failed to indicate the frequency and quantity of the medication. Given the above, the request for Methoderm unknown dosage and quantity is not medically necessary.