

Case Number:	CM14-0062732		
Date Assigned:	07/11/2014	Date of Injury:	05/20/2013
Decision Date:	09/12/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

This is a 28-year-old male with a date of injury of 5/20/13, when he was forcefully pulling three hoses from their lines and injured his left elbow, forearm and arm. The patient was seen on 1/30/14 complaining of swelling of the left forearm with pain of the left foot, left elbow, left shoulder and left index finger. The physical examination revealed, tenderness to palpation in the left elbow, wrist and weakness of the left hand, with shooting pain up into the left shoulder with tenderness on palpation to the left shoulder. Tinel's test and Phalen's test were negative. An MRI of the left wrist dated 2/20/14 revealed subchondral cysts. The patient was seen on 3/11/14 with complaints of swelling in the left forearm, with pain in the left wrist, left elbow, left shoulder and left index finger. Tinel's test and Phalen's test were positive. The progress note stated, that the patient was taking Tramadol 50 mg 1 tablet twice a day, Methoderm and was prescribed Norco. The diagnosis is left shoulder sprain/strain, left wrist tenosynovitis and sprain/strain and left epicondylitis. Treatment to date: 6 sessions of physical therapy, steroid injections to the wrist, home exercise program and medications. An adverse determination was received on 04/19/14 given that the request was not medically necessary and that there was no evidence that the patient tried and failed oral medications for his neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic, Methoderm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 1-127.

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

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of menthol salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. The progress note dated 3/11/14 stated that the patient was taking Tramadol, Methoderm and had prescribed Norco. There is a lack of documentation indicating objective functional gains with the Methoderm treatment. It is not clear for how long the patient has been using the ointment and if the decrease in the pain level (if any) was due to Tramadol, Norco or Methoderm. Therefore, the request for Methoderm ointment was not medically necessary.