

<b>Case Number:</b>	CM14-0074853		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 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:

The initial physician review discusses an office visit note of 04/14/2014 which is not available at this time and discusses right wrist pain, forearm pain, and shoulder pain. The initial physician review noted that there is limited information regarding the rationale or dosage recommended for topical Methoderm. On 03/12/2014, the patient was seen in orthopedic follow-up. The patient reported ongoing pain at 1.5 out of 10 over her right radial styloid, 1st extensor compartment. The patient also reported difficulties making a full fist of her left hand due to her long finger not flexing well. Overall the patient was felt to have improving de Quervain's syndrome which was still mildly symptomatic and also a left long finger trigger finger. The treating physician recommended continuing anti-inflammatory medication as well as night splinting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 topical cream of Methoderm 120 gm:** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics states that this class of medications is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records do not provide a clear rationale for this medication and its component ingredients. This request is not supported by the treatment guidelines. Overall this request is not medically necessary.