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| Case Number: | CM14-0075814 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 06/29/2013 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/26/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 35-year-old male who was reportedly injured on 6/29/2013. The mechanism of injury was noted as repetitive movements. The most recent progress note dated 1/8/2014, indicated that there were ongoing complaints of neck pain, bilateral upper extremity pain, low back pain, and lower extremity pain. The physical examination demonstrated cervical spine positive tenderness to palpation of the posterior neck muscles bilaterally. Deep tendon reflexes were 0 at bilateral upper extremities. Range of motion was restricted. Bilateral shoulders muscle testing was 4/5. There was positive tenderness of the anterior and posterior aspects of the acromioclavicular joint and bicep group. Range of motion was restricted. Bilateral elbows had positive tenderness over the lateral epicondyle. Muscle strength was 4/5. Bilateral wrists had positive Tinel's sign at the median nerve. There was 4/5 muscle strength. There was also positive tenderness to palpation over the first dorsal compartment of the dorsal wrist, palmar wrist, thenar, hypo thenar, and dorsal/palmar aspect of the hands. Lumbar spine had positive tenderness over the paravertebral muscles, gluteal muscles, and sacroiliac (SI) joints bilaterally. Reflexes were 1+ at the knee and 0 at the ankle. There was also limited range of motion. Right hip had positive tenderness to palpation over the buttocks and SI joint. Right knee had global tenderness to palpation. Right ankle also had global tenderness to palpation. Diagnostic imaging studies including magnetic resonance image of the left and right wrist, dated 2/4/2014, revealed subtle condyle cyst formation within the wrist joint. Magnetic resonance image of the left and right shoulder, performed on 2/4/2014, revealed supraspinatus and infraspinatus tendinitis. Previous treatment included medications and conservative treatment. A request was made for prescription drug, generic, and was not certified in the pre-authorization process on 4/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic.: 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 Page(s): 105 of 127.

Decision rationale: Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. California Medical Treatment Utilization Schedule (CAMTUS) treatment guidelines support methyl salicylate over placebo in chronic pain; however, there is no evidence-based recommendation or support for menthol. CAMTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Methoderm is not classified as an anti-inflammatory drug, muscle relaxant, or neuropathic agent. As such, this request is not medically necessary.