

Case Number:	CM14-0081079		
Date Assigned:	07/18/2014	Date of Injury:	08/25/2004
Decision Date:	09/03/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 records presented for review indicate that this 51 year old female was reportedly injured on August 25, 2004. The mechanism of injury is noted as an injury to the right arm while assembling ladder parts. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of right shoulder pain radiating to the neck. The physical examination demonstrated tenderness at the medial border of the right scapula, full range of motion of the cervical spine without evidence of radiation to the upper extremities, negative Spurling's test, shoulders indicated full range of motion; negative impingement test, Neer's test, and Hawkins test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a home exercise program. A request was made for Methoderm ointment and was not certified in the preauthorization process on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment: Upheld

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

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

Decision rationale: Methoderm ointment is a combination of methyl salicylate and menthol. According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Methoderm ointment is not medically necessary.