

Case Number:	CM14-0081686		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
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 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:

According to the records made available for review, this is a 40-year-old male with a 11/13/13 date of injury. At the time (5/6/14) of the Decision for Methoderm Gel #240, there is documentation of subjective (constant neck pain, upper, mid back and low back pain radiating to buttocks and bilateral lower extremities) and objective (tenderness over the lumbar paravertebral muscles, decreased range of motion, positive bilateral straight leg raising test, and diminished sensation to light touch over the bilateral L5 and S1 dermatomal distribution) findings, current diagnoses (lumbar spine radiculopathy, idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system), and treatment to date (medications (including ongoing treatment with Methoderm gel since at least 3/13/14), acupuncture, and physical therapy). There is no documentation that trial of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methoderm gel use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel #240: 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) 111-112 Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>

Decision rationale: Medical Treatment Guideline identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system. In addition, there is documentation of neuropathic pain and ongoing treatment with Methoderm gel. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methoderm gel use to date. Therefore, based on guidelines and a review of the evidence, the request for Methoderm Gel #240 is not medically necessary.