

Case Number:	CM14-0089496		
Date Assigned:	09/10/2014	Date of Injury:	01/31/2006
Decision Date:	10/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 01/31/2006. The injured worker reportedly felt a pop in the left shoulder while pulling apart a stack of containers. The current diagnoses included reflex sympathetic dystrophy in the left upper limb, lateral epicondylitis, myofascial pain syndrome/fibromyalgia, osteoarthritis of the right shoulder, occipital neuralgia, trochanteric bursitis, and presence of a spinal cord stimulator. The injured worker was evaluated on 05/01/2014. It is noted that the injured worker was status post left lateral epicondyle injection. Previous conservative treatment also includes trigger point injections and medication management. The current medication regimen includes Fluoxetine, Gabapentin, and Tramadol. The physical examination revealed tenderness to palpation of the cervical spine, restricted cervical range of motion, trigger points with a twitch response in the cervical spine, positive facet loading maneuver on the right, tenderness to palpation over the left trochanter, multiple trigger points over the iliotibial band, positive Ober's sign, tenderness in the acromioclavicular joint of the left shoulder, and tenderness in the glenohumeral joint of the right shoulder. The treatment recommendations at that time included continuation of the current medication regimen with a prescription for a Methoderm ointment. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Ointment 15-10% 120gm: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line treatment prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically appropriate.