

Case Number:	CM14-0128783		
Date Assigned:	09/16/2014	Date of Injury:	01/31/2007
Decision Date:	02/11/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 Neurology, 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 Injured Worker (IW) is a 32 year-old male with a reported injury date of 1/31/2007. The mechanism of injury is not specifically stated but it is reported that the IW felt pain to his right leg and low back when lifting trays on the date of incident. Periodic medical reports indicate that the IW complains for low back pain which radiated to his right lower extremity. The hand-written periodic reports (dated 7/25/14, 6/25/14, 4/11/14, 2/14/14 and 1/15/14) are mostly difficult to interpret but it is apparent that there is tenderness to palpation on examination. The diagnoses listed are lumbar degenerative disk disease with radiculopathy and myofascial pain. Copies of prescriptions and notes in treatment plans indicate that the IW has been using Norco for pain complaints without side-effects. Additionally, there is a copy of a prescription for Gabapentin included in the documents provided for review (dated 1/10/2014). The periodic report dated 7/25/14 requests Naproxen, Omeprazole ("for GI protection," sic), Methoderm, and Cyclobenzaprine. The request for Methoderm (120 g) was non-certified in a utilization review dated 8/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter-topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Methoderm is a commercially-branded topical analgesic consisting of menthol and methyl salicylate. With regard to topical analgesics, the MTUS Chronic Pain Medical Treatment Guidelines states such may be recommended for the treatment of neuropathic pain where trials of anti-depressants and anticonvulsants have failed -- in particular where there is intolerance due to side-effects or drug-interactions with use of these primary recommended agents (page 111). Where topical analgesics may be warranted for the reasons so-stated, non-steroidal anti-inflammatory agents (such as methyl salicylate) may be useful in the treatment of osteoarthritis or tendinitis in knee, elbow or other joints amenable to topical treatment. There is little evidence to recommend topical NSAIDs for the treatment of the spine, hip or shoulder, and topical NSAIDs are recommended for the treatment of neuropathic pain (page 112). Since the records fail to provide sufficient detail substantiating the trial/failure of anti-depressants or anti-convulsants; because there is no evidence that indicates that this injured worker has failed other therapies due to intolerance of side-effects or other adverse indications that warrant topical medications; and because this injured worker reports pain symptomology inconsistent with the recommendation for topical NSAIDs (i.e., radicular pain, chronic low back pain), the use of Methoderm is not medically necessary.