

Case Number:	CM14-0145210		
Date Assigned:	09/12/2014	Date of Injury:	12/18/2008
Decision Date:	05/04/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 39-year-old female with an industrial injury dated 12/18/2008. Her diagnosis includes shoulder joint pain, pain in upper arm and wrist, overuse syndrome, cervical sprain/strain and myofascial pain. Prior treatments included TENS unit, medications and physical therapy (which was authorized at the time of this note but the injured worker did not have a scheduled appointment.) She presents on 08/16/2014 with complaints of pain in left shoulder, right elbow and neck. Physical exam revealed decreased range of motion of left shoulder. The provider notes the medications help with pain about 50% and maintain her activities of daily living. The provider also documented no side effects of medications and requested authorization for Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120gm (4 fl oz) quantity 402 (unspecified days' supply) for the management of continued pain in the left shoulder, right elbow and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Methoderm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Methoderm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Methoderm is not medically necessary.