

Case Number:	CM14-0188108		
Date Assigned:	11/18/2014	Date of Injury:	02/27/2013
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 27 year old female who was injured on 2/27/2013. The diagnoses are lumbar radiculopathy, neck muscle pain, right shoulder impingement syndrome and low back pain. There are co-existing diagnoses of insomnia and depression. The past surgery history is significant for right shoulder surgery. The patient completed several trigger point injections, physical therapy and a home exercise program. There was subjective complaint of low back pain associated with numbness of the right leg. There was decreased range of motion of the right shoulder. There was no signs and symptoms indicative of neuropathic pain. The hand written progress notes was not completely legible. The medications are Neurontin, Naprosyn and topical Methoderm for pain. The patient is also utilizing Flexeril for muscle spasm. The patient had previously utilized Terocin patch. A Utilization Review determination was rendered on 10/23/2014 recommending non certification for Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line antidepressant and anticonvulsant medications have failed. The records did not show that the patient failed treatment with first line medications as the patient is still utilizing Neurontin. There were no signs or symptoms that were diagnostic of localized neuropathic pain. The guidelines recommended second line topical medication for localized neuropathic pain is Lidoderm patch. The complaint of numbness is located in multiple regions including the extremities not just in the right shoulder. The Mentoderm product contains methyl salicylate 15% that is also available over the counter as Icy hot. There is lack of FDA or guideline support for the use of methyl salicylate in the treatment of chronic musculoskeletal pain. The request is not medically necessary.