

Case Number:	CM15-0108555		
Date Assigned:	06/15/2015	Date of Injury:	08/10/2009
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 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 53 year old male who sustained an industrial injury on 08/10/2009. Mechanism of injury occurred while lifting a heavy object and he felt pain in his upper, mid and low back, abdominal pain and knee pain. Diagnoses include thoracic spine myofascial pain syndrome, lumbar spine pain exacerbation, lumbar spine disc protrusion, discopathy, status post lumbar pain disc surgery on 09/17/2012, status post lumbar spine surgery in 1990-industrial, left knee weakness/pain and quadriceps weakness secondary to lumbar radiculopathy and anxiety/depression. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, and cognitive behavioral sessions. A physician progress note dated 01/14/2015 documents the injured worker complains of pain in the mid and upper back, lower back, and left knee. He rates his pain in the mid and upper back and lower back as 7 out of 10 on the Visual Analog Scale which is the same from his last visit and his pain in the left knee is 5 out of 10. He has tenderness to palpation over the paraspinal muscles of the thoracic and lumbar spine and there is restricted range of motion. Straight leg raise test is positive bilaterally. There is left knee restricted range of motion and McMurray's test is positive. Treatment requested is for Menthoderm gel 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

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

Decision rationale: Methoderm contains topical methyl salicylate (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The claimant had been on other topical analgesics including Tercoin previously. The claimant was also on oral Tramadol. In addition, there is no documentation of failure of 1st line treatment. The claimant was given Methoderm to avoid the oral risks of NSAIDs. However, topical NSAIDs can reach similar systemic levels as oral medications. Therefore, the use of Methoderm is not medically necessary.