

Case Number:	CM15-0139506		
Date Assigned:	07/29/2015	Date of Injury:	01/24/2011
Decision Date:	09/25/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic foot, back, and ankle pain reportedly associated with an industrial injury of January 24, 2011. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for Methoderm gel. The claims administrator referenced a July 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said handwritten July 6, 2015 progress note, the applicant reported 6 to 7/10 ankle pain complaints. Methoderm gel was endorsed for the same. The note was very difficult to follow and not altogether legible. The applicant had reportedly developed stomach ulcer with earlier medications. It was not clearly stated the request for Methoderm was a first-time request or a renewal request. On April 13, 2015, the applicant was given diagnosis of plantar fasciitis and ankle tenosynovitis. An orthotic was endorsed. There was no mention the applicant was using Methoderm gel at this point. On March 16, 2015, the applicant reported ongoing complaints of ankle pain. Her ankle foot orthosis was endorsed. Medication selection and medication efficacy were not discussed or detailed. The applicant had developed derivative psychological issues it was reported on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Salicylate topicals; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: No, the request for Mentherm gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Mentherm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the handwritten July 6, 2015 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, and did not clearly state whether or not the applicant had or had not previously received Mentherm in the past and, if so, whether or not ongoing use of Mentherm was or was not effective in attenuating the applicant's pain complaints. No seeming discussion of medication efficacy transpired. The historical progress notes likewise failed to mention whether or not ongoing usage of Mentherm was or was not effective and/or whether or not ongoing usage of Mentherm had or had not been previously prescribed. Therefore, the request was not medically necessary.