

Case Number:	CM15-0190672		
Date Assigned:	10/02/2015	Date of Injury:	11/22/2012
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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:

This is a 60 year old female who sustained a work-related injury on 11-22-12. Medical record documentation on 9-18-15 revealed the injured worker was being treated for myofascial pain syndrome, cervical spine sprain-strain, lumbar spine sprain-strain, knee pain, cervical radiculopathy and lumbar radiculopathy. She reported pain in the right knee, right shoulder and lumbar spine with some numbness of the right leg. Objective findings included right knee tenderness, decreased range of motion of the right shoulder, cervical spine, and lumbar spine by 10% in all planes. She had a positive right straight leg raise and positive Spurling test on the right. Her medications included Methoderm gel 120 grams since at least 3-20-15. A request for Methoderm gel 120 grams #4 was received on 9-21-15. On 9-24-15 the Utilization Review physician determined Methoderm gel 120 grams #4 was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel 120gms, quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Methoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of menthoderma gel; therefore, the request for Methoderm gel is supported. However, 4 refills without follow-up for continued efficacy is not supported. The request for Methoderm Gel 120gms, quantity: 4 is determined to be not medically necessary.