

Case Number:	CM15-0195426		
Date Assigned:	11/03/2015	Date of Injury:	04/05/2011
Decision Date:	12/14/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

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 59 year old male who sustained an industrial injury on April 5, 2011. Medical records indicated that the injured worker was treated for neck pain and upper extremity pain. Medical diagnoses include headache, cervical muscle spasm, disc desiccation, annular tear, spondylosis, disc protrusions, facet hypertrophy, stenosis, bilateral carpal tunnel syndrome, and right carpometacarpal arthrosis, radiocarpal arthrosis and intercarpal arthrosis. In the provider notes dated August 3, 2015 the injured worker complained of occasional moderate headache and constant moderate throbbing neck pain, stiffness and cramping. He complains of moderated right wrist pain, stiffness, and cramping and blurry vision and watery eyes. On exam, the documentation stated cervical range of motion was decreased and painful. There was tenderness with muscle spasms to palpation of cervical paravertebral muscles and bilateral trapezii. There was tenderness, decreased range of motion and pain in both wrists. Shoulder depression causes pain in both shoulders. "Phalen's causes pain bilaterally." "There are psychological complaints." The treatment plan is for medications and home exercises, psychiatric evaluation, pain management and surgical referral. A Request for Authorization was submitted for unknown prescription of Methoderm ointment and Flexeril 10mg #60. The Utilization Review dated October 21, 2015 denied the request for unknown prescription of Methoderm ointment and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Methoderm Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.