

Case Number:	CM15-0199687		
Date Assigned:	10/14/2015	Date of Injury:	07/01/2009
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/12/2015

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 [REDACTED] beneficiary who has filed a claim for chronic elbow and neck pain reportedly associated with an industrial injury of July 1, 2009. In a Utilization Review report dated October 6, 2015, the claims administrator partially approved a request for Methoderm gel. The claims administrator framed the request as a first-time request for the same. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of elbow and neck pain. The applicant's medication list included oral diclofenac, Prilosec, Neurontin, and tizanidine. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The most recent note provided was in fact dated August 26, 2015; thus, the September 29, 2015 office visit on which the claims administrator seemingly based its decision upon was not incorporated into the IMR packet. On an RFA form dated August 26, 2015, four trigger point injections, topical LidoPro, TENTS unit pads, omeprazole, Flexeril, Neurontin, and Voltaren were all endorsed. The applicant received trigger point injection on August 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel PRN for numbness Qty: 2: 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): Introduction, Salicylate topicals.

Decision rationale: No, the request for topical Methoderm, 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 topicals such as Methoderm 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 to the fact that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should be knowledgeable regarding prescribing information, and should, moreover, base its choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved. Here, however, the September 29, 2015 office visit on which the article in question was proposed was not seemingly incorporated into the IMR packet. A historical progress note and RFA form of August 26, 2015 made no mention of topical Methoderm being employed on that date. It was not clearly stated or clearly established why topical Methoderm was prescribed on September 29, 2015. The applicant had been previously given another topical agent, LidoPro, on August 26, 2015. No discussion of pain mechanisms transpired insofar as the prescription of Methoderm was concerned in any of the notes on file. While it is acknowledged that the September 29, 2015 office visit, which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiates the request. Therefore, the request is not medically necessary.