

Case Number:	CM15-0048473		
Date Assigned:	03/20/2015	Date of Injury:	05/06/2009
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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, Illinois

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 injured worker is a 44-year-old male who sustained an industrial injury on May 6, 2009. He has reported a lower back injury and has been diagnosed with lumbar radiculopathy with chronic lumbar strain, right greater than left. Treatment has included medications and modified work duty. Currently the injured worker complains of low back pain the radiated to the lower extremities greater on the right than the left with numbness and tingling in both feet. The treatment request included Methoderm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pumед/8738567>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on May 6, 2009. The medical records provided indicate the diagnosis of lumbar radiculopathy with chronic lumbar strain, right greater than left. Treatment has included medications and modified work duty. The medical records provided for review do not indicate a medical necessity for Methoderm Topical Cream. Methoderm is a compounded topical analgesic containing methyl salicylate and menthol. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended; therefore, the product is not medically necessary.