

Case Number:	CM15-0050773		
Date Assigned:	03/24/2015	Date of Injury:	05/03/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 26-year-old male who sustained an industrial injury on 05/03/2011. Diagnoses include probable right medial meniscus tear, C6-7 degenerative disc protrusion causing right C7 radiculopathy and atypical complex regional pain syndrome. Treatment to date has included medications, home exercise and gym program, TENS and H-Wave. Diagnostics performed to date included MRIs. According to the office notes dated 2/6/15, the IW reported a 20% increase in neck pain, thoracic pain and bilateral hand pain. He also reported right knee pain at 8/10 with locking. The IW stated his topical medication as well as exercise followed by H-Wave unit helps his pain. A prescription for Methoderm was requested for the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm (15% Methyl Salicylate, 10% Menthol): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methoderm (15% methyl salicylate and 10% menthol) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are probable right medial meniscal tear; C6 - C7 1 mm degenerative disc protrusion for the right C7 radiculopathy; and a typical complex regional pain syndrome. The documentation in the medical record shows Methoderm was prescribed as far back as July 8, 2014. A January 6, 2015 note shows the treating physician has continued to prescribe Norco 10/325 mg, Soma, Butrans and Methoderm. Presently, the injured worker has a VAS pain scale of 8/10. There is no documentation with objective functional improvement as it relates to the topical analgesic. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. Consequently, absent clinical documentation with objective functional improvement to gauge Methoderm efficacy, Methoderm (15% methyl salicylate and 10% menthol) is not medically necessary.