

Case Number:	CM15-0087666		
Date Assigned:	05/11/2015	Date of Injury:	10/14/2010
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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 48 year old male, who sustained an industrial injury on 10/14/2010. He has reported subsequent low back, right shoulder and lower extremity pain and was diagnosed with lumbar radiculopathy and right shoulder cuff tendinitis. Treatment to date has included oral and topical pain medication and a home exercise program. In a progress note dated 03/30/2015, the injured worker complained of low back pain. Objective findings were notable for tenderness to palpation of the lumbar paraspinal muscles, decreased range of motion of the lumbar spine and positive straight leg raise of the bilateral lower extremities. A request for authorization of Methoderm ointment was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The injured worker sustained a work related injury on 10/14/2010. The medical records provided indicate the diagnosis of lumbar radiculopathy and right shoulder cuff tendinitis. Treatment to date has included oral and topical pain medication and a home exercise program. The medical records provided for review do not indicate a medical necessity for Methoderm ointment 240g. Methoderm is a topical analgesic containing methyl salicylate and menthol. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended as a topical analgesic.