

<b>Case Number:</b>	CM15-0233330		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	09/29/2006
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 29, 2006. In a Utilization Review report dated November 18, 2015, the claims administrator failed to approve a request for Methoderm gel while apparently approving a request for Motrin. An October 28, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 12, 2015, Motrin, Flexeril, Methoderm, and Docuprene were all seemingly endorsed. On an associated September 30, 2015 office visit, the applicant reported ongoing issues with chronic low back pain. Ancillary complaints of neck, hip, and thigh pain were also reported, aggravated by bending, kneeling, pushing, standing, sitting, and walking. The applicant's pain complaints were reportedly worsening over time. The applicant was only able to walk up to two blocks consecutively, the treating provider reported. The treating provider suggested that the applicant was avoiding working, socializing, exercising, performing household chores, and/or participating in recreational activities secondary to pain complaints. A lumbar support was endorsed while Motrin, Flexeril, Methoderm, and Docuprene were all seemingly prescribed. Multiple other medications were renewed. Somewhat incongruously, the treating provider stated toward the bottom of the note that the applicant was working regular duty, although this appeared to represent a historical carryover from prior visits. On October 28, 2015, the applicant again reported ongoing issues with chronic low back, neck, and shoulder pain. The claimant's pain complaints had never improved since the date of injury, the treating provider reported. The treating provider again stated that the claimant was averaging pain

complaints at 8-9/10. The treating provider stated that the applicant was avoiding socializing, working, exercising, performing household chores, and shopping secondary to her pain complaints. The treating provider stated that the applicant was worsening over time. Once again, multiple medications, including Flexeril, Motrin, Prilosec, and Methoderm were all seemingly renewed, toward the bottom of the note. The treating provider stated that he was returning the applicant to regular duty work (on paper), although it did not appear that the applicant was working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methoderm 15.00% analgesic gel 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

**Decision rationale:** No, the request for topical Methoderm, i.e., 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 treatment of chronic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant reported pain complaints as high as 8-9/10, the treating provider acknowledged on October 28, 2015, despite ongoing usage of Methoderm. The applicant's pain complaints were progressively worsening and exacerbated by activities of daily living as basic as socializing, exercising, working, shopping, performing household chores, bending, etc., the treating provider reported. Ongoing usage of Methoderm failed to curtail the claimant's dependence on other analgesic medications to include Motrin and Flexeril. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Methoderm. Therefore, the request was not medically necessary.