

Case Number:	CM14-0125109		
Date Assigned:	08/13/2014	Date of Injury:	05/11/2009
Decision Date:	10/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female with a date of injury 5/11/09. She has ongoing low back pain. As per 3/12/14 report she complained of occasional mild headache. She complained of activity-dependent to constant mild 3/10 achy throbbing neck pain; moderate 6/10 pain radiating to bilateral shoulders; activity-dependent to constant moderate 5-6/10 achy throbbing upper/mid back pain; and activity-dependent to constant moderate 5-6/10 achy throbbing low back pain radiating to bilateral legs. She also complained of activity-dependent to constant mild 3/10 achy throbbing right shoulder pain, heaviness, and weakness becoming moderate 5-6/10. There was loss of sleep due to pain, depression, anxiety, and irritability. An exam revealed decreased range of motion in active low back with apparently bulging disc and also decreased and painful cervical, thoracic and right shoulder ranges of motion. Grip strength testing caused pain. There was also tenderness and muscle spasm of the cervical, thoracic, lumbar and right shoulder regions. Cervical Compression and shoulder depression caused pain bilaterally. Kemp's and Hawkin's caused pain. She reportedly she had four aqua therapy sessions. She has been managing the pain with Norco, Flexeril and her analgesic topical cream. Diagnoses: Post-traumatic chronic headache, cervical myofasciitis, cervical radiculitis vs. radiculopathy, thoracic disc protrusion with canal stenosis, thoracic myofasciitis, thoracic radiculopathy, lumbar radiculopathy, lumbar myofasciitis, right shoulder sprain/strain, right rotator cuff tear per magnetic resonance imaging, loss of sleep and psyche component. The provider notes were hand written and difficult to read. Retrospective request for Methoderm ointment (duration and frequency unknown) was denied on 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Methoderm ointment (duration and frequency unknown):

Upheld

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

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

Decision rationale: Menthoderm contains methyl salicylate/menthol. According to the California MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the California MTUS and ODG, the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Menthoderm gel is not established per guidelines.