

Case Number:	CM14-0128391		
Date Assigned:	09/23/2014	Date of Injury:	08/16/2013
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 49-year-old female who reported an injury on 05/16/2013. The mechanism of injury was not provided. The injured worker's diagnoses included myofascial pain syndrome, cervical strain, right rotator cuff syndrome, and right cervical radiculopathy. The injured worker's past treatments include chiropractic therapy and medications. In the clinical note dated 07/28/2014, the injured worker complained of cervical spine pain, right shoulder pain with numbness. The injured worker had positive Spurling's on the right, positive right shoulder impingement, and decreased range of motion to the right shoulder by 10% in all planes. The injured worker's medications included Naproxen 550 mg twice a day, Omeprazole 20 mg twice a day, Flexeril 7.5 mg 3 times a day, Neurontin 600 mg 3 times a day, Terocin patch, and Methoderm gel. The request was for Methoderm gel. The rationale for the request was for numbness. The Request for Authorization form was submitted on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHODERM GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Page(s): 105.

Decision rationale: The request for Methoderm gel is not medically necessary. The injured worker is diagnosed with myofascial pain syndrome, cervical spine strain, right rotator cuff syndrome, and cervical radiculopathy on the right. The injured worker complained of cervical spine pain and right shoulder pain. The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The guidelines state that any compounded product that contains at least 1 drug that is not recommended is not recommended. The Methoderm gel is menthol and methyl salicylate. The guidelines state methyl salicylate is better than placebo for chronic pain. The injured worker's medical records lack documentation of failed trials of antidepressants and anticonvulsants. The injured worker's medical records lacked documentation of the pain rating, functional status, the timeframe of efficacy, and the efficacy of the medication. Additionally, the request does not indicate the dosage, frequency, or quantity of the medication, or the application site. The medical records indicate the injured worker is using Methoderm gel. As such, the request for Methoderm gel is not medically necessary.