

<b>Case Number:</b>	CM14-0140887		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 17, 2014. In a Utilization Review Report dated August 8, 2014, the claims administrator denied a request for topical Methoderm, invoking the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed, in a letter dated September 17, 2014. In that letter, the applicant's attorney alluded to the applicant's having multiple Workers' Compensation claims, including a claim for cumulative trauma. In a progress note dated July 23, 2014, the applicant was given a rather proscriptive 50-pound lifting limitation. It was not clear whether the applicant was working with said limitation in place. Magnetic resonance imaging (MRI) of the knee was sought. 5/10 knee, low back, neck, and shoulder pain were noted. The applicant had been laid off of by his former employer, it was noted. There was no discussion of medication selection or medication efficacy. In a July 23, 2014 Doctor's First Report, the applicant apparently transferred care elsewhere. The applicant was asked to obtain 12 sessions of physical therapy, and knee MRI imaging. The applicant was placed off of work, on total temporary disability. Methoderm, naproxen, Prilosec, and tramadol were dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, page 49..

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as Menthoderma are "not recommended." In this case, it was further noted that the applicant was concurrently provided with several first-line oral pharmaceuticals, including naproxen, tramadol, etc., effectively obviating the need for the topical Menthoderma agent. No rationale for selection of this particular agent in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request was not medically necessary.