

<b>Case Number:</b>	CM14-0142301		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/13/2014
<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 has filed a claim for chronic pain syndrome, chronic neck pain, and chronic shoulder pain reportedly associated with an industrial injury of August 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a request for topical Methoderm gel. The applicant's attorney subsequently appealed. In an April 4, 2014 progress note, the applicant reported persistent complaints of neck and shoulder pain, sometimes waking her up at night. Additional physical therapy was sought. Naproxen and Methoderm were dispensed. The applicant did not appear to be working with limitations in place. In an August 13, 2014, Medical-legal Evaluation, the applicant was given 6% whole-person impairment rating. Permanent work restrictions were endorsed. The applicant did not appear to be working. In a progress note dated June 24, 2014, the applicant received prescriptions for naproxen and Methoderm, both of which were dispensed in the clinic. Continued shoulder and neck pain were reported. There was no discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm gel 1 bottle #120 GM BID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 7.

**Decision rationale:** 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, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to state how (or if) prior usage of Methoderm had been effective here. The fact that the applicant remained off of work, coupled with the fact that the attending provider continued to renew rather proscriptive work restrictions from visit to visit, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Methoderm. The attending provider, it is further noted, failed to quantify any material decrements in pain achieved as a result of ongoing Methoderm usage. Therefore, Methoderm gel 1 bottle #120 GM is not medically necessary.