

Case Number:	CM14-0143212		
Date Assigned:	09/26/2014	Date of Injury:	01/03/2011
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 chronic knee, elbow, wrist, and low back pain reportedly associated with an industrial injury of January 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a wrist brace; and topical agents. In a Utilization Review Report dated August 25, 2014, the claims administrator retrospectively denied a request for Methoderm. The applicant's attorney subsequently appealed. In an April 7, 2014 progress note, the applicant reported persistent, progressively worsening complaints of knee, shoulder, elbow, and low back pain. Naproxen and Prilosec were renewed. The applicant was asked to continue self-care and home exercises. Permanent work restrictions were renewed. It was suggested that the applicant's pain scores had been reduced to 5/10 with medication consumption, while other sections of the note suggested that the applicant's knee pain was heightened. On August 5, 2014, the applicant again presented with 5/10 knee, elbow, and low back pain. Naproxen and omeprazole were renewed. The applicant again stated that the medications have been helpful by 50%. On August 6, 2014, the applicant again presented with knee, elbow, and low back pain. The applicant was reportedly using a knee brace. Naproxen and omeprazole were renewed. Methoderm lotion was apparently introduced. Permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Methoderm 120gm (topical cream) quantity: 2.00 (DOS 8/6/14):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methodem salicylate topicals Page(s): 105.

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

Decision rationale: Methoderm is a salicylate topical. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Methoderm are recommended in the treatment of chronic pain as was/is present here on or around the date in question. The request in question was a first-time request for the same, it is further noted. Therefore, the request is medically necessary.