

Case Number:	CM14-0154986		
Date Assigned:	09/25/2014	Date of Injury:	08/16/2012
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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, and is licensed to practice in Illinois. 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 44-year-old male who reported an injury on 08/16/2012. While working as a general laborer, he was carrying a 250 pound piece of metal with 3 coworkers when the pipe fell on his left foot. The injured worker complained of left foot pain. The injured worker had a diagnosis of left foot trauma, left great toe fracture, and ORIF of the distal phalanx. The injured worker rated his pain a 3/10. The medications included Methoderm, Flexeril, Prilosec, Voltaren, and ibuprofen. The diagnostics included an x-ray an MRI of the left foot. Past treatments included massage, acupuncture, 24 sessions of physical therapy, and medication. The physical examination of the left foot revealed dorsiflexion of 15 degrees, plantar flexion 60 degrees, inversion 30 degrees, eversion 15 degrees, with no evidence of instability. He was able to stand on heels and toes without discomfort. He ambulated with an antalgic gait. The circulation to the femoral, popliteal, and dorsalis pedis: pulses were palpable bilaterally. The treatment included Methoderm. The request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The request for Methoderm ointments is not medically necessary. Methoderm is comprised of methyl salicylate/menthol. The California MTUS Guidelines indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended the guidelines note topical salicylate is significantly better than placebo in chronic pain. The clinical documentation submitted for review indicated that the injured worker had left foot pain that he rated a 3/10 using the VAS. However, there is a lack of documentation that the injured worker has tried and failed antidepressants and anticonvulsants. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.