

Case Number:	CM14-0162141		
Date Assigned:	10/07/2014	Date of Injury:	03/01/2000
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation 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 60-year-old female who reported an injury on 03/01/2000. The mechanism of injury was not submitted for this review. The injured worker's treatment history included medications, topical analgesics, and MRI studies. The injured worker was evaluated on 08/26/2014. As documented, the injured worker was there for a follow-up and medication refill. The injured worker complained of low back, hips, and shoulder pain. The injured worker described the pain as mild, distracting, moderate and uncomfortable. The injured worker's pain level at the time of visit was a 6/10 on the pain scale. Objective findings; There was decreased range of motion of the lumbar spine. There were paraspinal spasms. Medications include Ultram 50 mg, Celebrex 200 mg and Methoderm patches. Diagnoses include arthritis of lumbar spine, sciatica, and muscle spasms. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm patches x 2 boxes: Upheld

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

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

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The request submitted failed to indicate the location where Methoderm patches are supposed to be applied to the injured worker. Moreover, the request failed to indicate frequency and duration of medication. As such, the request for Methoderm patches x 2 boxes is not medically necessary.