

Case Number:	CM14-0217164		
Date Assigned:	01/07/2015	Date of Injury:	08/03/2011
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 has a date of injury of August 3, 2011. Results of the injury include low back pain. Diagnosis include L2 through S 1 lumbar spondylosis with left lateral protrusions at L2-L3 and L3-L, annular tears at L3 through S1 with multilevel foraminal narrowing, worsened due to a fall on June 2, 2014, cerviccal strain, bilateral wrist strain, and chronic pain. Treatment has included naproxen, tramadol, Medrox patches, Methoderm, pantoprazole, cyclobenzaprine, Percocet, and physical therapy with good result. Medical imaging was not provided. Progress report dated November 6, 2014 showed a slow antalgic gait with pain going from a sitting to a standing position. There was a left sided lumbar shift. The treatment plan has included physical therapy, protonix, Flexeril, naproxen, tramadol, and Methoderm. Disability status was noted as temporary total disability. Utilization review form dated December 15, 2014 non certified Methoderm oint 240g refill 0 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methoderm ointment 240 g is not medically necessary. Methoderm contains methyl salicylate and menthol. Topical salicylate (BenGay) is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo overall but larger more valid studies were without significant benefit. Topical analgesics are largely experimental with few controlled 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 one drug (or drug class) that is not recommended is not recommended. In this case, the injured workers working diagnoses are L2 through S-1 lumbar spondylosis with left lateral protrusions at L2 -L3 and L3 - L4, annular tears at L3 through S1 with multilevel foraminal narrowing; cervical strain; bilateral wrist strain; and chronic pain. There is a single progress note in the medical record dated November 6, 2014. There are no subjective complaints noted in the medical record and the treating physician indicates the injured worker will be "continued" on current medications. The treating physician stated his pain was reduced by 50% with the use of his medications. The injured worker's medications are pantoprazole, Flexeril, Naprosyn, tramadol ER, Medrox patches and Methoderm. There are no medication start dates in the medical record and it is unclear how long the injured worker has been using Methoderm. The documentation does not contain evidence of objective functional improvement because a single progress note was present in the medical record. Consequently, absent clinical documentation to support the ongoing use of Methoderm with evidence of objective functional improvement, Methoderm ointment 240 g is not medically necessary.