

Case Number:	CM15-0111300		
Date Assigned:	06/17/2015	Date of Injury:	04/12/2011
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 is a(n) 63 year old male, who sustained an industrial injury on 4/12/11. He reported pain in his left ankle. The injured worker was diagnosed as having ankle pain, left ankle osteochondritis dissecans and plantar fasciitis. Treatment to date has included left ankle surgery in 2011, physical therapy in 2012 and Cyclobenzaprine and Pennsaid. On 3/31/15, the treating physician noted that the injured worker had been recently diagnosed with atrial flutter and had to discontinue taking Diclofenac which was helpful with his pain. As of the PR2 dated 4/14/15, the injured worker reports 20% improvement in pain with ankle brace. Objective findings include antalgic gait, positive tenderness over the plantar fascia and pain with plantar flexion and inversion. The treating physician requested Methoderm gel and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel (Camphor 0.30%, Menthol 2.5%) 3 month supply: 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 Page(s): 111.

Decision rationale: MTUS 2009 states that topical agents are considered experimental with unknown efficacy. Methoderm has ingredients commonly used in over the counter topical agents. However, there are no clinical trials provided which indicates that this formulation is as effective or as safe as readily over the counter agents. This request for Methoderm is not medically necessary.

Terocin patches (Menthol 4.00%/Lidocaine 4%) 3 month supply: 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 Page(s): 111.

Decision rationale: MTUS 2009 states that topical agents are considered experimental with unknown efficacy. Lidocaine patches are indicated for post-herpetic neuralgia which is not listed as a diagnosis for this patient. Furthermore, there is no evidence that this formulation is as safe or effective as traditional over the counter agents. There is no clinical indication for use of Methoderm and its use is not supported by MTUS 2009. The request is not medically necessary.