

Case Number:	CM15-0119976		
Date Assigned:	07/08/2015	Date of Injury:	03/20/2013
Decision Date:	09/02/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, 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 63 year old female who sustained an industrial injury on 03/20/2013. Current diagnoses include cervical spine sprain/strain, bilateral carpal tunnel syndrome, and bilateral shoulder internal derangement. Previous treatments included medications, functional capacity evaluation, right foot injection, elbow braces, thumb braces, night splints, home exercise program, chiropractic, and acupuncture. Initial injuries occurred to the neck, bilateral shoulder, hands, wrists, headaches, and psychological trauma. Report dated 05/21/2015 noted that the injured worker presented with complaints that included cervical spine pain and bilateral wrist pain. Pain level was not included. Physical examination was positive for decreased range of motion, the remainder of the exam was hard to decipher. The treatment plan included referring the injured worker to see the podiatrist for cortisone injection, Methoderm cream, EMG/NCV, acupuncture, and consult psyche. Disputed treatments include Methoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm cream 240g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 104, 111.

Decision rationale: The MTUS chronic pain medical treatment guidelines, "topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." In regards to Methoderm the MTUS and ODG are silent with regard to menthol. Methoderm is composed of Menthol and Methyl Salicylate. A review of the injured workers medical records that are available to me do not reveal documentation of improvement in pain and function with the use of Methoderm, without this information it is not possible to determine medical necessity for continued use, therefore the request for Methoderm cream 240g is not medically necessary.