

Case Number:	CM15-0125783		
Date Assigned:	07/10/2015	Date of Injury:	06/28/2013
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on June 28, 2013. He reported back pain after falling off a ladder. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease; lumbar spine musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease; lumbar spine myofascial pain syndrome, lumbar spine fracture per patient, and coccyx pain. Diagnostic studies to date have included x-rays of the cervical spine and lumbosacral spine, but the dates and results were not included in the provided medical records. Treatment to date has included 5 sessions of physical therapy, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including opioid analgesic, topical analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of tuberculosis of the kidneys and status post removal of a kidney in 1999. His work status remains temporarily totally disabled. On May 1, 2015, the injured worker complained of neck pain radiating in the bilateral cervical 5 and cervical 5 dermatomal patterns and lower back pain radiating in the bilateral lumbar 3 and lumbar 4 dermatomal patterns. The neck and lumbar spine pain was rated 3/10, which unchanged since the prior visit. The physical exam revealed grade 2 tenderness to palpation and grade 3 spasm over the cervical paraspinal muscles, which was unchanged since the prior visit. There was restricted cervical range of motion and a positive cervical distraction test, which unchanged since the prior visit. There was grade 2 tenderness to palpation and grade 3 spasms over the lumbar paraspinal muscles, which

was unchanged since the prior visit. There was restricted lumbar range of motion. The treatment plan includes Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, "agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.