

Case Number:	CM15-0126620		
Date Assigned:	07/13/2015	Date of Injury:	04/27/2010
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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 41 year old male who sustained a work related injury April 27, 2010. While working on a ladder, he fell to the ground and he experienced stiffness and pain in his neck. Past medical history included anterior cervical fusion C5-C7 January 2015, ankle surgery, right wrist arthroscopic surgery March 2013, and right inguinal hernia repair. According to a recheck form dated February 20, 2014 and signed by a nurse practitioner, the injured worker presented with complaints of neck pain rated 7-8/10. He reports the results of the epidural steroid injection has worn off and wants to resume his NSAIDS (non-steroidal anti-inflammatory drugs). He also reports restriction with heavy lifting, use of headgear and playing sports. He documents spending three hours per day on a computer. Impression is documented as cervical degenerative disc disease; bilateral C7 radicular numbness and tingling. Treatment plan included medication, follow home exercise program, schedule a Functional Capacity Evaluation, and body basic trigger point massage. At issue, is the request for authorization for Methoderm on February 20, 2014. An addendum by the treating physician, dated March 12, 2015, refers to dispensing Methoderm lotion and comments it was dispensed to potentially decrease the need for additional oral medication while he awaits approval of surgical intervention for neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm, provided on February 20, 2014: 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 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.