

<b>Case Number:</b>	CM15-0128068		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, New York, California  
 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 applicant is a represented 56-year-old who has filed a claim for chronic knee, ankle, and groin pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of July 25, 2007. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for topical Methoderm. The claims administrator referenced an RFA form received on June 15, 2015 in its determination, along with progress notes dated May 8, 2015 and April 10, 2015. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant reported ongoing complaints of knee and ankle pain, 6-7/10 with medications versus 8-9/10 without medications. The applicant was using a cane to move about, it was reported. Urine drug testing, Norco, Tramadol, Biofreeze gel, heated mattress, and permanent work restrictions were endorsed. There was no mention of the need for Methoderm on this date. On May 8, 2015, the applicant again reported ongoing complaints of knee and leg pain. Norco, Tramadol, Biofreeze gel, permanent work restrictions, and the mattress in question were all again endorsed. Once again, the Methoderm gel at issue was not explicitly discussed or detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 15%-10%, #120: 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 Functional Restoration Approach to Chronic Pain Management; Salicylate topicals Page(s): 7; 105.

**Decision rationale:** No, the request for topical Methoderm was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Methoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an attending provider should be knowledgeable regarding prescribing information and should tailor medications and dosages to the specific applicant. Here, however, multiple progress notes, referenced above, including progress notes of May 8, 2015 and June 12, 2015, did not explicitly allude to or mention the applicant's usage of Methoderm gel. No seeming discussion of medication efficacy insofar as the Methoderm gel in question transpired. It did not appear that the attending provider's progress notes did not explicitly discuss usage of Methoderm. The fact that permanent work restrictions were renewed, unchanged, from visit to visit, coupled with the fact that ongoing usage of Methoderm seemingly failed to curtail the applicant's dependence on opioids such as Tramadol and Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.