

Case Number:	CM15-0024348		
Date Assigned:	02/13/2015	Date of Injury:	10/22/2014
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35-year-old male who reported injury on 10/22/2014. The mechanism of injury was the injured worker was pulling a pallet jack with a load, and it fell on his right shoulder and back. Prior treatments included x-rays and medications, as well as a lumbar support. Other therapies included physical therapy. The documentation of 12/17/2014 revealed the injured worker had complained of pain and numbness in the right hand and elbow, and pain in the low back, right shoulder/arm, and right elbow/forearm. The injured worker had grade 2 tenderness to palpation over the paraspinal muscles, right shoulder, right arm, right elbow, right forearm, right wrist, and right hand. The diagnoses included right shoulder sprain and strain; tendonitis; impingement syndrome; right elbow strain and sprain; lateral epicondylitis; lumbar spine musculoligamentous strain and sprain, rule out lumbar spine discogenic disease; right wrist sprain and strain, rule out right wrist carpal tunnel syndrome. The treatment plan included Motrin 600 mg twice a day as needed with meals, and Methoderm gel to manage and reduce the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Topical Salicylates Page(s): 111, 105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide documentation of neuropathic pain. It failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to include the body part and the frequency to be treated. Given the above, the request for Methoderm gel 240 grams is not medically necessary.