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| Case Number: | CM15-0042541 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 01/16/2014 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 1/16/14. The injured worker reported symptoms in the chest and jaw. The injured worker was diagnosed as having trauma to neck rule out herniated nucleus pulposus, right temporomandibular joint and teeth loss. Treatments to date have included status post tooth extraction, nonsteroidal anti-inflammatory drugs and activity modification. Currently, the injured worker complains of cervical spine pain with radiation to the left shoulder. The plan of care included a follow up appointment with a dental surgeon, computed tomography of the cervical spine and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates.

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

Decision rationale: According to the 01/19/2015 hand written report, this patient presents with C/s pain, 4/10, not stiff, radiate to Left, left shoulder pain. The current request is for Methoderm Cream. The request for authorization is on 01/19/2015. The patient's work status is deferred to the PTP. Methoderm gel contains Methyl salicylate and Menthol. Regarding salicylate, a topical NSAID, MTUS states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient does not meet the indication for the topical medication as he does not present with peripheral joint osteoarthritis/tendinitis problems for which topical NSAIDs are indicated. MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The request IS NOT medically necessary.