

Case Number:	CM15-0071164		
Date Assigned:	04/21/2015	Date of Injury:	07/01/2014
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 injured worker was a 32 year old female, who sustained an industrial injury, July 1, 2014. The injury was sustained by the injured worker pulling on a set of blinds. The blinds fell off the wall, hitting the injured worker in the neck and right shoulder. The injured worker previously received the following treatments Voltaren, Methoderm Gel, physical therapy, right shoulder MRI, cervical traction and cervical spine MRI. The injured worker was diagnosed with chronic pain, cervical strain with arthrosis, trapezial, paracervical and parascapular strain and right shoulder strain. According to progress note of March 20, 2015, the injured workers chief complaint was neck pain that radiated into the right shoulder and arm. The physical exam noted slight trapezial and paracervical tenderness on the right. There was slight parascapular tenderness on the right. The treatment plan included a prescription for Methoderm Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel #120 g apply as directed up to four times a day: Upheld

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

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

Decision rationale: Methoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in hip, wrist, knees etc. Guidelines states that it is not effective for shoulder or spinal pains. Pt has chronic pains especially in the neck and shoulder, which unfortunately are areas where topical NSAIDs have been shown to have no efficacy. Methoderm is not medically necessary.