

Case Number:	CM15-0078062		
Date Assigned:	04/29/2015	Date of Injury:	10/04/2013
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 (IW) is a 39-year-old female who sustained an industrial injury on 10/04/2013. Diagnoses include sprain/strain of the cervical, thoracic and lumbar spine. Treatment to date has included medications, heat application, physical therapy, acupuncture and chiropractic treatment, mainly for the low back. Diagnostics included MRIs of the lumbar spine. According to the progress notes dated 4/8/15, the IW reported pain and tightness in the neck, upper and lower back with spasms was slightly better. On examination, there was pain, tenderness, swelling and spasms at C1 through C6. The IW was treated emergently on the date of service with Methoderm gel and heat pack for 15 minutes. A retrospective request was made for Methoderm gel 240ml for date of service 4/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 240 ml (retrospective - dispensed 4/8/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines menthoderm Page(s): 111.

Decision rationale: Topical menthoderms are not supported under MTUS for topical use. The medical records provided for review do not indicate prior conservative treatment results or indicate failure of first line therapy including oral NSAIDs or indicate the presence of neuropathic pain condition. MTUS notes, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As such menthoderms are not supported under MTUS for treatment of the insured. The request is not medically necessary.