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| <b>Case Number:</b>   | CM15-0091558 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 08/21/2014 |
| <b>Decision Date:</b> | 06/17/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 63 year old female, who sustained an industrial injury on 8/21/14. The injured worker was diagnosed as having dislocation metacarpal closed, sprain/strain of hand, sprain/strain of wrist, carpal tunnel syndrome, paresthesia, muscle spasm, tendinitis, and pain of limb. Treatment to date has included physical therapy, a steroid injection to the left carpal tunnel, heat application and medication. Currently, the injured worker complains of painful bilateral hands, wrists and forearms. The treating physician requested authorization for Methoderm gel 120ml and retrospective range of motion exams/strength evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm gel 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical analgesics Page(s): 105 and 111-113.

**Decision rationale:** Methoderm gel 120ml is not medically necessary per the MTUS Guidelines. The MTUS states 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. Methoderm is a topical analgesic used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. The active ingredients are Methyl Salicylate 15.00% and Menthol 10.00% . The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate. There is no evidence of failure of antidepressants or anticonvulsants in the documents submitted. The request for Methoderm also does not specify a quantity and for all of these reasons is not medically necessary.

**Retro: ROM Exams/ Strength evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 170, 171 and 200 and 257. Decision based on Non-MTUS Citation (ODG) Neck-Flexibility.

**Decision rationale:** Retro: ROM Exams/ Strength evaluation is not medically necessary per the MTUS Guidelines and the ODG. The ACOEM states that the regional examination of forearm, hand, and wrist includes range of motion and strength testing. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The ACOEM MTUS lists muscle strength testing as part of the routine exam in patients with cervical spine complaints, shoulder complaints and forearm/wrist/hand symptoms. The request is not clear why the range of motion exam or strength evaluation would not be a part of the regular office visit physical exam. There is no need for specialized testing per the MTUS or ODG guidelines. Furthermore, it is unclear how this would change the treatment plan for the patient. Furthermore the request does not specify a date of service or body part. The request for ROM Exams/ Strength evaluation is therefore not medically necessary.