

Case Number:	CM15-0092214		
Date Assigned:	05/18/2015	Date of Injury:	07/11/2011
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53-year-old female who sustained an industrial injury on 07/11/11. Initial complaints and diagnoses are not available. Treatments to date include surgery for bilateral thoracic outlet syndrome, medications, splints, and injections into her neck and right index finger. Diagnostic studies are not addressed. Current complaints include pain and numbness in the bilateral hands. Current diagnoses include bilateral shoulder pain, neck pain, right index finger tenosynovitis, bilateral shoulder rotator cuff tendinopathy. In a progress note dated 01/08/15 the treating provider reports the plan of care as a nerve conduction studies, splints, and medications including Voltaren, Prilosec, Tramadol, and Methoderm gel. The requested treatments include is Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 8/21/14) Methoderm Ointment Gel 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Methoderm contains topical methyl salicylate (NSAID). According to the MTUS guidelines, 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant was given Methoderm in combination with oral Voltaren, which can reach systemic levels similarly. There is no indication of failure of 1st line medication nor a diagnosis of arthritis. The request for topical Methoderm is not medically necessary.