

Case Number:	CM14-0147739		
Date Assigned:	09/15/2014	Date of Injury:	03/02/2013
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old male with a date of injury of 3-2-2013. We are not told what the injury was in the available documentation. We do know that the injured worker has right lower leg pain of a burning nature and that he has been treated with acupuncture, anti-inflammatories, oral opioids, and topical pain relievers. He seems to have varicose veins of the right lower extremity and it seems he had treatment somehow pertaining to that. This physical examination reveals limited and painful range of motion of the right knee, limited and painful range of motion of the right ankle, tenderness to palpation of the medial calf on the right, and varicosities and discoloration of the right lower leg. There seems to be a burning or neuropathic component to his leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fenoprofen 400 mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and specific drug l.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: There is inconsistent evidence for the use of NSAIDs like Fenoprofen to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. Although the available documentation is limited it appears that there is a mechanical and neuropathic aspect to the injured worker's painful condition. The diagnoses include sprain/strain of the knee and leg, myofascial pain syndrome, pain in limb, and hypertension. Therefore, Fenoprofen 400 mg, #60 was medically necessary.

Retrospective request for Methoderm 120 gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105. Decision based on Non-MTUS Citation website : ncbi.nlm.nih.gov/pubmed

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

Decision rationale: Methoderm is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). The ingredients are menthol and methyl salicylate which are known as counterirritants. They work by causing the skin to feel cool and then warm. Topical anti-inflammatories like salicylate are recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. However, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In particular, Methoderm contains menthol, ingredient that is not specifically mentioned in commonly acceptable guidelines. Because this product contains menthol, Methoderm is not considered medically necessary.