

Case Number:	CM14-0147778		
Date Assigned:	09/15/2014	Date of Injury:	07/05/2013
Decision Date:	10/23/2014	UR Denial Date:	08/30/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 37 year old female who was injured on July 5, 2013. The diagnoses listed as sprain of unspecified site of shoulder and upper arm. The most recent progress note dated 7/25/14, reveals complaints of constant pain in the back and the neck and right arm. Physical examination reveals cervical and thoracic muscle tenderness in the right trapezius musculature, dull sensation noted, and decreased cervical range of motion (ROM) bilaterally, decrease ROM of the shoulders, tenderness in the right parathoracic musculature L2 to L6. Prior treatment includes physical therapy two times a week for six months and currently receiving acupuncture therapy. Current medications include Naproxen, Omeprazole, and Cyclobenzaprine. A prior utilization review determination dated 8/30/14 resulted in denial of one prescription of Methoderm (Methyl salicylate/Menthol 15/10 percent) gel, 360 gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methoderm (methyl salicylate 15%/menthol 10%) gel, 360gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Methoderm contains methyl salicylate/menthol. According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Clinical trial data suggest that diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA (osteoarthritis) patients with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Methoderm gel is not established per guidelines.