

Case Number:	CM13-0038234		
Date Assigned:	04/25/2014	Date of Injury:	05/20/2013
Decision Date:	10/09/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/25/2013

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 Occupational Medicine 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:

There were 105 pages provided for this review. The request for independent medical review was signed on October 22, 2013. Per the records provided, the claimant is a 43-year-old man with the date of injury of May 20, 2013. The authorization request date was September 10, 2013 and it was for Menthoderm gel for minor aches and muscle pains associated with arthritis. There were notes from HealthFirst Medical Group. There was an examination on May, 20, 2013. The date of injury was also May 20, 2013. The claimant slipped and fell injuring the left knee, leg and hip. The hip, knee and tibiofibular x-rays were normal. The treatment was ibuprofen and Toradol. A cane was also dispensed. Several other notes from Health First were provided and reviewed. There is no mention of the objective functional improvements received out of the use of this medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120MG: 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 Page(s): 105.

Decision rationale: Methoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately non-certified.