

Case Number:	CM13-0044485		
Date Assigned:	12/27/2013	Date of Injury:	08/04/2009
Decision Date:	02/26/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington, DC, Maryland and Florida. 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 physician 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 patient is a 43-year-old right hand dominant woman who indicates that she was injured on August 4, 2009 while performing her usual and customary work duties. She states that she tripped on a rail at work and twisted her left foot, she experienced immediate pain and swelling in the foot. The patient initially saw [REDACTED] who placed her in a cast for 15 days. Once the cast was removed the swelling became worse and the cast was reapplied. The second cast was removed after another 15 days. The patient underwent physical therapy for Achilles tendinitis with some relief. She also had three cortisone injections which only gave her a few days of relief. The patient underwent surgery with [REDACTED] for Achilles tendon lengthening in 2009. She also underwent low back surgery in 2012 and another left foot surgery in 2013 which the risks, the patient felt, were not properly outlined to her. Since the injury the patient complains of pain, instability and swelling in the left foot. The patient describes her pain as sharp, moderate and constant. Her pain is located in the anterior aspect of the foot and plantar area. She feels that her ability to walk and step on the foot has worsened. Her Current Diagnosis: Fractured closed, calcaneus, fractured metatarsal bones, closed, osteochondrosis, foot, post operative chronic pain. Treatment to date includes medication. Treatment requested is Menthoderm 120 ml dispensed 9/13/13, the later was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm; 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: Menthoderam also known as "Bengay", "ICY Hot", is an over-the-counter topical analgesic. Menthoderam is a combination of methyl salicylate and menthol which has a beneficial effect on acute painful conditions such as sprains and strains. According to CA-MTUS (effective July 18, 2009): There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. ODG Guidelines do not recommend topical salicylates for chronic painful conditions such as osteoarthritis. Reports do not document site of use or functional benefit from Menthoderam. Therefore, the request for Menthoderam 120gm is not medically necessary.