

Case Number:	CM13-0070685		
Date Assigned:	01/08/2014	Date of Injury:	08/10/2010
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The patient is a 44 year old male who was injured on 08/10/2010 while working on a newly constructed roof and having to walk on the flats of wood in order to place some on the roof readying it for shingle installation which included bending and kneeling to nail the plywood escalated his pain in the left knee and lower back and left leg in general. Prior treatment history has included physical therapy and a home exercise program. He also had chiropractic treatment and pain medication as well as TENS unit, acupuncture and cortisone injection. Progress note dated 11/14/2013 documented the patient has used less medicine as noted. He is currently taking Ketoprofen or over the counter Motrin fairly consistent two times per day during the days he works, one time per day on the days he does not work. He also uses a topical agent Methoderm. He has bought similar product over the counter in case the insurance company does not cover this item. The patient reported that his left knee pain is a constant low level burning anteriorly and posteriorly. No more swelling. Low level pain is a 3 intensity but may go up to a 9 on certain days. In the lower back at the center and sometimes on the sides, he has burning sensation that is present about three times per day. When he rests the symptoms completely go away. Diagnoses: Chronic left knee pain, Evidence of left flap tear of the posterior horn of the medial meniscus, Status post left knee arthroscopic partial medial and lateral meniscectomy, Chronic lower back pain, Radicular symptoms bilateral posterior thighs without verifiable objective signs, Clinical evidence of left mild saphenous neuropathy, complication from left knee surgery, Pain with psychological features secondary to medical condition, functionally improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR RMENTHODERM CREAM 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS guidelines recommend that only FDA-approved topical analgesics are recommended for specific medical conditions. This product is a topical compound containing menthol and methyl Salicylate. Based on the documented subjective complaints and objective examination findings, the medical records do not establish this patient has neuropathic pain. According to the guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Only FDA-approved products are currently recommended. Menthol and methyl Salicylate are not FDA approved as topical formulations. The medical necessity of this topical product is not established, and therefore the request is not medically necessary.