

Case Number:	CM14-0017112		
Date Assigned:	04/14/2014	Date of Injury:	07/07/2007
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 & 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 injured worker is a 56 year-old female with a date of injury of July 7, 2007. The patient's industrially related diagnoses include lower back pain and bilateral knee pain. The disputed issue is retrospective request for menthoderm ointment (for unknown duration and frequency) for the treatment of bilateral knee pain. A utilization review determination on January 30, 2014 had noncertified this request. The stated rationale for the denial was insufficient evidence to support the use of menthoderm ointment in non-neuropathic pain. In addition, based on documentation, patient has not tried recommended treatment with anti-depressant and anticonvulsant medications for her current pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MENTHODERM OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Menthoderm is a topical formulation of methyl salicylate and menthol. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." There is documentation of knee arthritis in this injured worker. An MRI demonstrated "joint space narrowing" in addition to ACL tear on 4/3/2013. The patient has been on ibuprofen already. The addition of topical Menthoderm is appropriate in terms of indication. The utilization determination reasoning for denial includes the assertion that this injured worker does not have neuropathic pain. As can be seen from the above cited guidelines, there are non-neuropathic indications for topical methyl salicylate. However, the second part of this issue is duration. The guidelines recommend 12 weeks of use. The records are not clear on how long this has been used. A note on 11/11/2013 states in the treatment section that the patient should have a refill of Menthoderm. The preceding progress note on 10/9/2013 does not mention topical medication in the plan. Given the lack of clarity regarding duration of use, this request is not medically necessary at this time.