

<b>Case Number:</b>	CM14-0129225		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 claimant is a 49 year old female with a January 16, 2012 date of injury. A note dated 8/15/14 reports knee pain and that the insured continues to use pain medication. Pain is relieved by medications, icing and the insured is using crutches to assist ambulation. Exam reports mild antalgic gait with soft tissue swelling. There are reported post-operative changes by imaging. There is a persistent tear in the posterior horn and body of the medial meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm ointment 120ml:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS guidelines do not support

the use of topical compound creams for the treatment of joint pain. The medical records do not indicate a condition of neuropathic pain. Therefore, this request is not medically necessary.