

Case Number:	CM14-0131055		
Date Assigned:	09/16/2014	Date of Injury:	09/23/2010
Decision Date:	12/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 65-year-old female who has submitted a claim for left knee medial meniscus tear, and right knee medial meniscus tear and chondromalacia associated with an industrial injury date of 9/23/2010. Medical records from 2014 were reviewed. The patient complained of intermittent left knee pain aggravated by prolonged standing, walking, and kneeling. The right knee pain was frequent with popping and locking sensation. Physical examination of the left knee revealed flexion 135 degrees, extension 0 degree, and tenderness. The right knee range of motion was 0 to 135 degrees with pain. Treatment to date has included home exercises, Tramadol, Naproxen, and Prilosec. The utilization review from 7/16/2014 denied the retrospective request for Menthoderm ointment (duration unknown and frequency unknown) (DOS 4/30/2014) because of no clear detail provided why the patient could not have used an over-the-counter topical agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm ointment (duration unknown and frequency unknown) (DOS 4/30/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use has few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. In this case, Methoderm gel is prescribed as adjuvant therapy to oral medications. However, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the retrospective request for Methoderm ointment (duration unknown and frequency unknown) (DOS 4/30/2014) was not medically necessary.