

Case Number:	CM14-0133451		
Date Assigned:	08/25/2014	Date of Injury:	12/06/2012
Decision Date:	10/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/20/2014

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, 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 45-year-old male who reported an injury on 12/06/2012. The mechanism of injury was not provided for clinical review. The diagnoses included knee pain and lower back pain. Previous treatments included medication, TENS (Transcutaneous Electric Nerve Stimulation) unit, ultrasound, acupuncture, and physical therapy. Diagnostic testing included an MRI and EMG/NCV (Electromyography / Nerve Conduction Velocity). Within the clinical note dated 08/04/2014, it was reported the injured worker complained of pain in his low back and right greater than left knee. The injured worker rated his pain 6/10 in severity. Upon the physical examination, the provider noted the injured worker had reduced range of motion of the bilateral knees. The injured worker had tenderness to palpation of the medial aspect of the right knee. The provider noted the injured worker had tenderness to palpation of the lumbar spine. The provider requested Menthoderm. However, a rationale was not provided for clinical review. The Request for Authorization was provided and signed 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gr (4 fl. oz.) dispensed on 08/04/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate/Topical Analgesics Page(s): 105; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request of Methoderm 120gr (4 fl. oz.) dispensed on 08/04/14 is not medically necessary and appropriate.