

Case Number:	CM14-0137760		
Date Assigned:	09/05/2014	Date of Injury:	01/13/2014
Decision Date:	09/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 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:

This 36-year-old patient sustained an injury on 1/13/14 in the course of employment. The request under consideration is for Mentherm Gel 120gm #1. Diagnoses include knee and leg sprain. A hand-written report of 7/28/14 with template boxes from the provider noted the patient with persistent right knee and ankle pain, worst with activity, with numbness. Exam noted checked box under musculoskeletal of abnormal without any specific details documented, and neurologic was checked as normal. Diagnoses included right sprain/strain with numbness in leg and right Baker's cyst. Medications listed were Naproxen, Mentherm gel, and Omeprazole. MRI of knee showed ganglion Baker's cyst without internal derangement. Conservative care has included medications, physical therapy, and cortisone injections. The request for Mentherm Gel 120gm #1 was non-certified by utilization review on 8/12/14, with reviewer citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel 120gm #1: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, the efficacy in clinical trials of topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to indicate utilization of topical analgesics over oral NSAIDs, which the patient is prescribed, or other pain relievers for a patient with pain in multiple joints and without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this January 2014 injury, without documented functional improvement from treatment already rendered. The Methoderm Gel 120gm #1 is not medically necessary and appropriate.