

<b>Case Number:</b>	CM14-0153640		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/13/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 and 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 66 year old patient had a date of injury on 6/13/2006. The mechanism of injury was squatting down to clean an oil spill from under a molding machine and injured his left knee. In a progress noted dated 4/21/2014, the patient is feeling better, using exercises and medication to control his pain. He has also been using TENS unit. He continues to have pain in knees, right greater than left. On a physical exam dated 4/21/2014, there is reduced ROM in left shoulder, bilateral knees. There are tender areas noted over the medial aspect of joint line of left knee. The diagnostic impression shows left shoulder pain, right knee pain. Treatment to date: medication therapy, behavioral modification, TENS unit, physical therapy, knee arthroscopy 2007.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118.

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

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental

salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. However, it has not been established that there is any necessity for this specific brand name. Furthermore, in the documentation provided, there was no discussion regarding a failure of a 1st line oral analgesic to justify the use of this medication. Therefore, the request for Methoderm was not medically necessary.