

<b>Case Number:</b>	CM14-0162167		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family 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:

This injured worker's date of injury is 09/30/2013. Documentation for the original injury was not provided. This patient receives treatment for chronic left knee pain. The patient complains of moderate knee pain. The patient received treatment with a TENS unit, hot and cold application, a topical analgesic (LidoPro), and an NSAID (naproxen). There is no history of surgery or physical therapy documented in the notes. There is no documentation of imaging or a physical exam. There is no precise diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** This patient receives treatment for "knee pain." NSAIDS may be medically indicated to treat osteoarthritis at the lowest dose for the shortest period of time. NSAIDS may cause harm: eg. GI bleeding and cardiovascular events, plus, they are contraindicated in chronic kidney disease. There is no documentation of any monitoring for these issues. The

documentation is very limited and therefore NSAIDS are not medically indicated for this based on the documentation presented.

**Menthoderm 120gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

**Decision rationale:** Topical analgesics are considered experimental to treat chronic pain, as there are no reliable data from studies to indicate that they are either efficacious or safe for that indication. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthoderm contains menthol, which is not indicated to treat any form of chronic pain. Menthoderm contains a salicylate, which is an NSAID. NSAIDS or not indicated when used topically to treat pain. Menthoderm is not medically indicated.