

Case Number:	CM14-0175158		
Date Assigned:	10/28/2014	Date of Injury:	11/10/2011
Decision Date:	12/11/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Emergency 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 61 year-old male, who sustained an injury on November 10, 2011. The mechanism of injury occurred when he slipped and hyperextended his knee. Diagnostics have included: December 13, 2011 right knee MRI reported as showing mild tri-compartmental degenerative changes, effusion, lateral meniscus tear, Baker's cyst. Treatments have included: medications, Euflexxa injections. The current diagnoses are: right knee osteoarthritis, meniscal tear, Baker's cyst. The stated purpose of the request for Mentherm Gel #1 with 1 Refill was not noted. The request for Mentherm Gel #1 with 1 Refill was denied on September 22, 2014, citing a lack of documentation of guideline support. Per the report dated September 5, 2014, the treating physician noted complaints of right knee pain, buckling and giving way. Exam findings included right knee effusion, crepitus and anterolateral joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel #1 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Drugs.com, <http://www.drugs.com/cdi/mentherm-cream.html>

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

Decision rationale: The requested Methoderm Gel #1 with 1 Refill, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right knee pain, buckling and giving way. The treating physician has documented right knee effusion, crepitus and anterolateral joint line tenderness. The treating physician has not documented trials of anti-depressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Methoderm Gel #1 with 1 Refill is not medically necessary.