

Case Number:	CM14-0176140		
Date Assigned:	10/29/2014	Date of Injury:	05/11/2012
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 27 year old male with an injury date of 05/11/12. The 08/12/14 report by [REDACTED] states that the patient presents with pain and lower back pain is most prominent. The 04/15/14 report states the patient's neck and knee pain have improved. Lumbar examination on 08/12/14 shows tenderness to palpation of the paraspinal muscles and spasms. There is numbness and tingling with lifting greater than 25 pounds. The patient's diagnoses include: Sleep problems Lumbar "DDz" Cervical "DDz" Left knee sprain /strain. Medications are listed as Naproxen, and Omeprazole. The utilization review being challenged is dated 10/14/14. Reports were provided from 04/15/14 to 08/12/14.

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 Topical Analgesics Salicylate topicals Page(s): 15, 111.

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

Decision rationale: The patient presents with lower back, neck and knee pain. The treater requests for Menthoderm Gel 120 mg #1. MTUS page 111 states that Topical Analgesics (NSAIDs) are indicated for peripheral joint arthritis/tendinitis. Menthoderm is a compound analgesic containing Methyl Salicylate and Menthol. The reports do show that the patient presents with knee pain and there is a diagnosis of left knee sprain/strain. However, the treater does not document how this medication is used and with what effectiveness. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.