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| Case Number: | CM14-0177626 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 01/13/2012 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Pain Management, 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 55 year old female with an injury date of 01/13/12. The 09/29/14 progress report by [REDACTED] states that the patient presents with constant, stabbing left knee pain with locking and swelling and occasional radiation to the left foot. Pain without medications is rated 8/10. The patient ambulates with a limp towards the right side. There is some sleep disturbance. Examination shows tenderness to palpation in the left knee inferiorly on both medial and lateral spaces and patellar tendon. There is pain with movement. The patient's diagnoses include: Derangement of Medial meniscus unspecified. Left ankle sprain. Medications include: Norco, Omeprazole, and Lido Pro cream. The utilization review being challenged is dated 09/29/14. Reports were provided from 04/21/14 to 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel, Quantity: 1, Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topical Page(s): 113-116; 104.

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

Decision rationale: The patient presents with left knee pain with occasional radiation to the left foot and ankle pain rated 8/10. The treating physician requests for MENTHODERM GEL, QUANTITY 1, REFILLS 2. The reports show a refill was requested on 09/23/14. MTUS page 111 states that Topical Analgesics (NSAIDs) are indicated for peripheral joint arthritis/tendinitis. Methoderm is a compound analgesic containing Methyl Salicylate and Menthol. The reports show this medication is intended for use with the ankle, and the patient has a diagnosis of left ankle sprain for which this medication is indicated. However, the treating physician does not state that the medication helps the patient. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary and appropriate.