

Case Number:	CM14-0026347		
Date Assigned:	06/18/2014	Date of Injury:	11/13/2009
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational 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 filed a claim for knee and leg pain reportedly associated with an industrial injury dated November 13, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; a left below-the-ankle amputation; dietary supplements; and opioid therapy. In a Utilization Review report dated February 25, 2014, the claims administrator denied a request for Methoderm ointment. The injured worker's attorney subsequently appealed. In a progress note dated September 11, 2013, the injured worker was placed off of work, and on total temporary disability. Documentation noted that the injured worker presented with a primary complaint of low back pain, 6/10, with a secondary complaint of foot pain, 6/10. It was also noted that the injured worker was described as using a variety of topical agents including Terocin, a cyclobenzaprine containing cream, and a flurbiprofen containing cream. The injured worker was given prescriptions for Norco, oxycodone, Ambien, and Omeprazole. On November 25, 2013, the injured worker was given prescriptions for Norco, oxycodone, Theramine, Trepadone, Sentra AM, Sentra PM, and GABAdone. On April 9, 2014, the injured worker was given refills of Norco, oxycodone, Terocin, flurbiprofen, Genocin, and Somnacin, and again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MENTHODERM OINTMENT (DOS 01/29/2014) FOR TREATMENT OF LEFT BELOW THE ANKLE AMPUTATION, LEFT LOWER EXTREMITY PAIN AND LUMBAR SPINE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 7, 105.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does support usage of this topical salicylate such as the Menthoderm gel being proposed here, in this case, the attending provider did not furnish any rationale for its use. The attending provider did not seemingly allude to introduction of Menthoderm gel on any of the progress notes provided. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider should incorporate some discussion of other medications into his choice of recommendations. In this case, the attending provider did not state why the introduction of Menthoderm was needed along with the many other topical compounds which the applicant was already taking. Therefore, the request is not medically necessary.