

Case Number:	CM14-0029181		
Date Assigned:	06/20/2014	Date of Injury:	06/15/2011
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/07/2014

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 is licensed to practice in New York and Texas. 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 58-year-old who reported an injury on June 15, 2011 due to an unknown mechanism of injury. The injured worker is diagnosed as status post right knee arthroscopy, partial meniscectomies, chondroplasty and synovectomy performed on January 20, 2013. The injured worker has a range of motion of full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint, is full weight bearing status and bilaterally the knees appear equal in size. Right and left lateral flexion is 30 degrees and right and left lateral rotation is 40 degrees. The patella tracks normally. The drawer sign test is negative, the Lachman maneuver is negative and there is 30 degree flexion to the Varus and Valgus stress tests. The injured worker reports pain of 7/10 to the right knee and has been prescribed Vicodin and Tramadol. The injured worker returned to work on April 3, 2013 with restrictions of no lifting anything greater than 20 pounds, and no prolonged standing, no repetitive squatting, bending or kneeling. The physician is placing a retrospective request for Menthoderm Ointment 240 gm, quantity one (1); however, he has not submitted a request for authorization form and the rationale for the request for review within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM OINTMENT 240 GM, QUANTITY OF ONE, PROVIDED ON FEBRUARY 12, 2014,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker is continuing, post surgically, with treatment to her right knee. The physician is noting full range of motion with flexion at 150 degrees of extension and full weight-bearing status to the right knee. Right and left lateral flexion is 30 degrees and right and left lateral rotation is 40 degrees. The patella tracks normally. The drawer sign test is negative, the Lachman maneuver is negative and there is 30 degree flexion to the Varus and Valgus stress tests. The injured worker reports experiencing pain to the right knee of 7/10 and has returned to work with restrictions. Under the Chronic Pain Medical Treatment Guidelines for analgesics for pain, these products are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. The physician has not indicated prescribing anything other than Vicodin and Tramadol; antidepressants and anticonvulsants were not prescribed to assist with pain management. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Menthoderm Ointment 240 gm, quantity of one, provided on February 12, 2014, is not medically necessary or appropriate.