

Case Number:	CM14-0035446		
Date Assigned:	06/23/2014	Date of Injury:	01/04/2000
Decision Date:	08/08/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 72-year-old male with a 1/4/00 date of injury. At the time (3/13/14) of request for authorization for Ben gay ultra-strength, there is documentation of objective (tenderness along the knee joint noted with 108 degrees of extension and flexion of 90 degrees; abduction is 115 degree with impingement sign positive) findings, current diagnoses (discogenic lumbar condition, hip joint inflammation with gluteal muscle tears on the right and left, rotator cuff partial tear, high grade tear on left and partial articular tear on the right, right ankle sprain, internal derangement of the knee on the left and right, sleep and stress issues, and constipation), and treatment to date (medications including Norco). There is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ben gay ultra-strength: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bengay.com/bengay-ultra-strength-cream>.

Decision rationale: Medical Treatment Guideline identifies Bengay cream as a topical analgesic containing camphor 4%, menthol 10%, and methyl salicylate 30%. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition, hip joint inflammation with gluteal muscle tears on the right and left, rotator cuff partial tear, high grade tear on left and partial articular tear on the right, right ankle sprain, internal derangement of the knee on the left and right, sleep and stress issues, and constipation. However, there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Ben gay ultra-strength is not medically necessary.