

Case Number:	CM14-0037590		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2013
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 Nevada. 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 47-year-old male who was injured on 11/18/13. The mechanism of injury was not listed in the records. The most recent progress note dated 2/19/14 indicated that there were ongoing complaints of low back pain, left thigh, and knee pains. The physical examination demonstrated normal reflex, sensory, and power testing to bilateral upper and lower extremities except for weakness/numbness on the left L3-L4 and absent left knee reflex. Straight leg raise and bowstring were positive bilaterally. There was positive lumbar tenderness. Lumbar spine range of motion was decreased about 30%. No official radiological reports were available for review. Previous treatment included Percocet and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120ml: 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 Page(s): 111-113.

Decision rationale: Topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended

for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. After reviewing the medical records, it was noted that the injured worker has some complaints of left knee pain as well as chronic low back pain. However, there were no identifiable objective clinical findings or documentation of failed trials of antidepressants/anticonvulsants. Lacking documentation, this request is deemed not medically necessary.