

Case Number:	CM14-0037988		
Date Assigned:	06/27/2014	Date of Injury:	06/29/2011
Decision Date:	08/19/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/01/2014

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 Texas and Ohio. 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 reported injury on 06/29/2011. The mechanism of injury was noted to be a slip and fall while cleaning showers. The documentation of 02/04/2014 revealed the injured worker was to continue with home exercise. The documentation indicated the injured worker was in moderate pain and the right knee was painful for ascending stairs. The injured worker had pain to the patellar joint. The injured worker had right knee tenderness in the medial aspect to palpation. The diagnoses included right knee internal derangement, cervical spine sprain and strain, lumbar spine radiculopathy and disc protrusion as well as facet syndrome. The treatment plan included filling medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Menthoderm ointment (duration unknown and frequency unknown), for treatment of lumbar/cervical and thoracic spine non-certified per peer reviewer for DOS 2/4/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/compounded Medications Page(s): 121, 122. Decision based on Non-MTUS Citation web version 2010, Chronic Pain - Topical Analgesics, pages 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 111, 105.

Decision rationale: California MTUS indicates topical analgesics 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. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The clinical documentation submitted for review failed to provide the injured worker had neuropathic pain and had a trial of anti-depressants and anti-convulsants that had failed. The duration of the use could not be established through the supplied documentation. There was no DWC form, Request For Authorization or PR2 with the requested medication. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the retrospective request for medication is Methoderm ointment, duration unknown and frequency unknown for treatment of lumbar/cervical and thoracic spine, non-certified for Peer Review for date of service 02/04/2014 is medically not necessary.