

Case Number:	CM14-0068803		
Date Assigned:	07/14/2014	Date of Injury:	01/16/2012
Decision Date:	09/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Oklahoma. 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 49 year old female with a reported date of injury on 01/16/2012. The mechanism of injury was not documented in the records. The diagnoses included left medial meniscus tear. The past treatment has included pain medication, physical therapy and surgery. The MRI of the right knee on 03/27/2014 revealed a tear on the posterior horn and body of the medial meniscus. The injured worker had right knee arthroscopic surgery on 09/18/2012 and a revision on 07/02/2013. On 04/14/2014, the subjective complaints were right knee pain, rated 9/10. The physical exam findings noted were right knee medial tenderness, and normal reflex, sensory, and motor strength testing. The injured worker's medications included naproxen at a previous visit. The treatment plan included medication refills as her pain was noted to be tolerable with her medications. The request for authorization form is dated 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment 120 ml: 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 rationale: The request for Methoderm ointment 120 ML is not medically necessary. The Methoderm ointment contains Methyl Salicylate 15% and Menthol 10%. For topical analgesics, the California MTUS Guidelines state that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In addition, the guidelines state that topical salicylates were noted to be significantly better than placebo for chronic pain. The injured worker had chronic right knee pain, however the clinical notes do not document a specific reason why menthol 10% is required in addition to Methyl Salicylate 15%. Furthermore it is not noted in the clinical documentation that the injured worker has tried and failed Methyl Salicylate as monotherapy. As such, the request is not medically necessary.