

Case Number:	CM14-0082143		
Date Assigned:	07/21/2014	Date of Injury:	07/15/2013
Decision Date:	09/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in 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 61 year old worker who was injured at work on 07/15/2013. The injury resulted in amputation of the right leg. The Injured worker uses prosthesis. The injured worker complains of 6/10 pain in the leg. Medication and TENS unit help with the pain . The examination was positive for normal gait, decreased range of motion in the lumbar spine, tenderness in the lower back. Diagnosis includes Phantom leg syndrome; knee pain, peripheral neuropathy, lumbar sprain and strain; lumbar spine facet arthropathy. The X-ray of the right knee revealed below knee amputation; the Lumbar MRI of 03/06/2012 was positive for deteriorative changes of the facet joints at L4-L5, L5-S1, L3-L4. Treatment includes Butrans, Lyrica, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Topical Analgesics> Page(s): 111-113.

Decision rationale: The MTUS regards the topical Analgesics as experimental drugs used in the treatment of Neuropathic pain that has failed treatment with antidepressants or anticonvulsants. The MTUS recommends against any formulation that contains one or more agent that is not recommended. Methoderm contains Menthol (a non-recommended agent), and methyl salicylate (a recommended agent). Therefore, the retrospective request for Methoderm 120 ml is not medically necessary and appropriate.