

<b>Case Number:</b>	CM14-0088416		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/26/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 03/26/2011. The mechanism of injury was not provided for clinical review. The diagnoses include chronic bilateral knee pain and occasional locking of left index and middle finger. Previous treatments included injections and medication. Diagnostic imaging included an MRI and x-rays. Within the clinical note dated 04/07/2014, it was reported the injured worker complained of left knee pain. The injured worker also complained of right hand pain. Upon physical exam of the right knee, it revealed arthroscopic scars, limited motion, and a 2 cm atrophy of the calf. Upon examination of the left knee, the provider noted it was normal. The provider noted the examination of the hand was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meth Sal/Menth 1/Caps:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The request for Meth Sal/Menth 1/Caps is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendations for short-term use. Additionally, the efficacy of the medication was not provided in the clinical review therefore, this request is not medically necessary.