

Case Number:	CM14-0189329		
Date Assigned:	11/20/2014	Date of Injury:	11/24/2004
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas & 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 patient is a 56 year old female who was injured on 11/29/2004. The diagnoses are elbow, right ankle and right knee pain. There is a past medical history of GERD related to the use of oral NSAIDs but clinical notes indicate that the patient was still utilizing Advil and low dose Aspirin. There are associated diagnoses of diabetes, obesity, obstructive sleep apnea, irritable bowel syndrome and insomnia. There last medical record available from the treating physician, [REDACTED] was from 2013. The records available for this review are from the internist treating general medical conditions of the patient. The internal medical doctors deferred examination of the musculoskeletal system to the primary treating physician. There was no documentation on the pain medications that are being utilized by the patient during the 8/4/2014 date of service. A Utilization Review determination was rendered on 10/17/2014 recommending non certification for Mentoderm DOS 8/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm (duration and frequency unknown), provided on August 4, 2014: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of topical neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. There is no documentation that the patient was diagnosed with localized neuropathic pain or that the patient failed first line medications managements. There was no clinical evaluation report indicating the need for the use of the topical product for the 8/4/2014 date of service. The Methoderm product contains menthol 10% and methyl salicylate 15%. There is lack of FDA and guidelines indication for the chronic use of Methoderm for the treatment of chronic musculoskeletal pain. The criteria for the use of Methoderm DOS 8/4/2014 is not medically necessary.