

Case Number:	CM15-0106056		
Date Assigned:	06/10/2015	Date of Injury:	08/06/2009
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 31 year old female who sustained an industrial injury on 08/06/2009. The injured worker was diagnosed with internal derangement of the right knee and wrist sprain/strain. The injured worker is status post knee surgery in 2011. Treatment to date has included diagnostic testing, surgery, physical therapy, psychological evaluation and support and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience pain and swelling in the right knee and low back pain. The injured worker rates her pain level at 5/10 with medications and 10/10 without medications. Examination of the right knee demonstrated tenderness to palpation at the inferior patella and lateral knee with decreased range of motion and muscle strength, worse on the right knee. A negative anterior and posterior drawer test was noted. The examiner was unable to test for a Lachman's and McMurray's due the injured worker's pain. Current medications are listed as Naproxen and Omeprazole. Treatment plan consists of right knee magnetic resonance imaging (MRI), physical therapy to address the lumbar spine and right leg weakness and the current request for the retrospective request for Mentherm 15% (DOS 4.30.15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Mentherm 15 Percent 120 ML x 2 DOS 4.30.15: Upheld

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

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

Decision rationale: CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when trials of antidepressants and anti-epilepsy drugs have failed. In this case, there is no evidence that first-line agents have failed. Mentoderm contains methyl salicylate and menthol. There is no evidence that menthol has any therapeutic benefit. Methyl salicylate is supported by the CA MTUS; however, there is no evidence of better efficacy of a topical agent versus an oral agent. Therefore, the request for Mentoderm is deemed not medically necessary or appropriate.