

Case Number:	CM15-0106499		
Date Assigned:	06/10/2015	Date of Injury:	03/14/2014
Decision Date:	07/13/2015	UR Denial Date:	05/30/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old female who sustained an industrial injury on March 14, 2014. She has reported low back pain and right knee pain and has been diagnosed with lumbar spinal strain, right knee strain, right knee and lateral meniscal tears, and right knee small effusion. Treatment has included medical imaging, physical therapy, injection, and medication. Examination noted tender lumbar paraspinals. There was diminished range of motion to the lumbar spine with muscle guarding and pain. Sensorimotor examination was intact. Right knee examination noted tender patellar facets. There were tender joint lines. Range of motion was 0-140 degrees with pain at the range of flexion. There was a positive McMurray's test. MRI of the right knee revealed meniscal tears and a small effusion. The treatment request included medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for (Menthoderm duration and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section, Topical Analgesics Section Page(s): 104, 111-113.

Decision rationale: Methoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Methoderm is supported by the guidelines, however, this request does not include a drug strength or amount to be dispensed, therefore the request for retrospective (Methoderm duration and frequency unknown) is not medically necessary.