

Case Number:	CM15-0196661		
Date Assigned:	10/12/2015	Date of Injury:	01/18/2013
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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, Massachusetts

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 48 year old female, who sustained an industrial injury on 1-18-13. The injured worker was diagnosed as having sprain unspecified site of knee and leg. Treatment to date has included physical therapy; left knee brace; left knee injections-cortisone (2014); medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker was in this office as a follow-up visit. The injured worker complains of more pain in the left knee with radiation to the left leg. The pain is reported to be associated with numbness and weakness in the left leg and left foot. The provider documents "The pain is constant in frequency and severe in intensity. On a scale of 0 to 10 (when 0 is no pain and 10 is the worst pain), she rates the severity of the pain as a 9. She states that her pain is at its best when she is in bed. Her average level of pain in the last seven days is 9. She describes the pain as sharp, dull, aching, pressure like and cramping with muscle pain and pins and needles sensation. The pain increases with bending forward, sitting, standing, walking and pushing a shopping cart and leaning forward. The patient states that her symptoms have been worsening since the injury. The pain in her back is 50% of her pain and the pain in her leg is 100% of her pain. She can walk one block before having to stop because of the pain." The provider notes she reports benefit from her current medications and denies side effects. He documents "with regard to functional limitations during the past month, the patient avoids socializing with friends, physically exercising, performing household chores, participating in recreation, limited driving, doing yard work or shopping and having sexual relations because of her pain." On physical examination, the provider notes: "She ambulates without any assistive device with a normal gait pattern. The lumbar spine reveals

range of motion is full, including lumbar flexion, extension, lateral side bending and rotation. Inspection of the lumbar spine reveals no asymmetry or scoliosis. There is normal alignment with normal lumbar lordosis. There is no spinous process tenderness or masses palpable along the lumbar spine. Examination of the left knee reveals decreased range of motion and painful. There is edema and crepitus. There is tenderness to palpation over the medial and lateral joint lines. There is negative anterior drawer test, negative posterior drawer test, negative varus-valgus instability, and positive McMurry's test. There is normal bulk and tone in all major muscle groups of the lower extremities. No atrophy is noted. Motor strength is 5 out of 5 and symmetric throughout the bilateral lower extremities except 4 out of 5 on the left knee extension. Grossly intact to light touch and pinprick throughout the lower extremities. Deep tendon reflexes are normal and symmetric at 1+ out of 4 in the bilateral lower extremities." The provider's treatment plan explains he has requested Viscosupplementation injections (Hyalgan x50 for the left knee and MRI. He also is requesting a refill of medications. PR-2 notes dating as far back as 5-28-15 indicates the injured worker has been prescribed Mentherm 15% analgesic gel. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-3-15 and non-certification for Retrospective Mentherm 15% analgesic gel PRN 120mg (DOS: unspecified). A request for authorization has been received for Retrospective Mentherm 15% analgesic gel PRN 120mg (DOS: unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm 15% analgesic gel PRN 120mg (DOS: unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8738567>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Mentherm analgesic gel is a blend of Methyl Salicylate and Menthol, While the CA MTUS guidelines do not specifically mention this topical analgesic, according to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his pain, additionally the pain as described in the clinic record is not neuropathic in nature. Consequently continued use of the above listed compounded agent is not supported at this time.