MAXIMUS Federal Services

Case Number:	CM15-0024422		
Date Assigned:	02/13/2015	Date of Injury:	12/27/2005
Decision Date:	03/26/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 65 year old female, who sustained an industrial injury on December 27, 2005. The injured worker has reported bilateral knee pain. The diagnoses have included status post left total knee replacement with residual problems, right knee pain, status post arthroscopic surgeries with residual pain, insomnia secondary to chronic pain and left hip pain due to chronic gait dysfunction. Treatment to date has included pain management, x-rays, MRI, cortisone injections, massage, elastic stockings, left knee surgery in 2000 and 2013, right knee surgery times two in 2002 and a left total knee replacement in 2011. Current documentation dated January 2, 2015 notes that the injured worker reported bilateral knee pain which was unchanged. The injured workers pain level was rated a five-six out of ten on the Visual Analogue Scale with medications. Physical examination revealed an antalgic gait due to left knee pain. The right knee showed slight swelling and a decreased range of motion. Sensation was decreased over the lateral leg into the lateral foot following the sacral one dermatome pattern up to the knee and hyperesthesia bilaterally in the sural nerve distribution. On January 29, 2015 Utilization Review modified a request for Menthoderm Topical Cream which has helped control the injured workers chronic pain and improves her activities of daily living. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Menthoderm Topical Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical salicylates as a treatment modality. These guidelines state that a topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. In this case, the records indicate that the patient has received benefit from the use of topical methyl salicylates. However, in the Utilization Review process, while the over-the-counter formulation, methyl salicylate was recommended, the request for a specific brand of methyl salicylate, Menthoderm, was not. There is no rationale provided to justify the need for a specific brand of methyl salicylate. Therefore, Menthoderm, is not considered as a medically necessary treatment.