

Case Number:	CM15-0217297		
Date Assigned:	11/09/2015	Date of Injury:	08/17/2002
Decision Date:	12/29/2015	UR Denial Date:	10/11/2015
Priority:	Standard	Application Received:	11/04/2015

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 43 year old female, who sustained an industrial injury on 8-17-02. She reported pain in the neck, right shoulder, right elbow, right wrist, and left knee. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder region, internal derangement of the knee, and cervicalgia. Treatment to date has included acupuncture, right rotator cuff repair x2, a left knee injection, physical therapy, chiropractic treatment, and medication including Hydrocodone and Menthoderml gel. Physical exam findings on 9-21-15 included tenderness to palpation over bilateral cervical paraspinal muscles, superior trapezius, levator scapulae, rhomboids, and cervical facets. Tenderness to palpation over the anterior and posterior aspect of the shoulder was noted. Tenderness to palpation was noted over the lateral epicondyle and medial knee joint lines. On 9-21-15, pain was rated as 7 of 10. The injured worker had been using Menthoderml gel since at least September 2015. On 9-21-15, the injured worker complained of pain in the right shoulder, neck, right elbow, and right wrist with radiation to the right arm. Other complaints included left knee pain. On 10-1-15, the treating physician requested authorization for Menthoderml 15% 120ml. On 10-10-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderml 15% 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.

Decision rationale: The request is for Methoderm for topical use in a patient with chronic joint pain in the right upper extremity and knee. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methoderm is composed of methyl salicylate (found in wintergreen oil) and menthol. Methyl salicylate has the effect of a counterirritant when applied topically to a painful area, but has no therapeutic benefit. There is no evidence-based recommendations regarding the use of Menthol. Therefore, the request is not medical necessary or appropriate.