

Case Number:	CM15-0041255		
Date Assigned:	03/11/2015	Date of Injury:	07/22/2011
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male, who sustained a work/ industrial injury on 7/22/11. He has reported initial symptoms of neck, back and knee pain. The injured worker was diagnosed as having sprain of cervical region, sprain lumbar region, and internal derangement of knee. Treatments to date included medication and surgery (left total knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, chondroplasty of separate compartment, left knee extensive synovectomy. Magnetic Resonance Imaging (MRI) of the right knee reported medial meniscus tear with significant degenerative changes, left knee medial meniscus tear with severe chondromalacia patella. X-rays of knees noted degenerative joint disease. Currently, the injured worker complains of worsening pain in the right knee and anticipates total knee arthroplasty. (Left knee surgery was performed on 1/31/14). Pain was reported as 7/10 with medication and 10/10 without. The treating physician's report (PR-2) from 1/15/15 indicated there was also neck and lower back pain that was not as bad. The injured worker requested a topical analgesic for the symptoms. Examination noted normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raise and bowstring tests were negative. Muscle spasms were noted in the lumbar and cervical paraspinals. Lumbar range of motion was decreased by 25%. There were palpable spasms in the right thigh. Diagnosis was head contusion with possible post concussive syndrome, lumbar straining injury, left/right knee degenerative joint disease, and neck strain. Treatment plan included consult for right knee arthroplasty, refill medication to include menthoderm ointment for topical pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective menthoderm ointment 120ml (DOS 1/15/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Salicylate topical Page(s): 111-113, 105.

Decision rationale: The patient presents with neck, low back and right knee pain. The request is for Retrospective Menthoderm Ointment 120ml (DOS 1/15/15). The request for authorization is dated 01/20/15. Patient is status-post right knee surgery, 06/20/13. MRI of the right knee on 04/30/10, shows medial meniscus tear with significant degenerative changes, and on 09/25/12, shows medial meniscus tear with effusion and there is chondromalacia patella. X-rays of the bilateral knees, 01/04/13 and 11/14/14, shows DJD. His pain is 7/10 with medications and 10/10 without. His knees are the worst pain. The patient request a topical analgesic for the symptoms as it decreases the pain and does not cause the GI symptoms that oral medications do. It is effective for nighttime use as it does not leave him fatigued in the morning. The topical is much more helpful than the pills as he states that pills only help if he takes a lot of them so he would like to avoid them. When using the topical analgesic he does not need oral medications. The patient is working full duty. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Per progress report dated, 01/15/15, treater's reason for the request is "to keep oral medication use down. The patient notes decreased pain and soreness and increased mobility while using the cream." In this case, use of Menthoderm has decreased the patient's pain by 3 points on the pain scale. Additionally, patient has failed oral medications as it caused GI symptoms. In fact, with use of Menthoderm, the patient does not need oral medications at all. Per progress, report dated, 01/15/15, treater states Menthoderm allows "improved activities of daily living, including the ability to ambulate, use the bathroom, provide self-care, cook, and clean." Furthermore, the patient is working full duty. Therefore, the request IS medically necessary.