

Case Number:	CM15-0056106		
Date Assigned:	04/01/2015	Date of Injury:	10/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, 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 47-year-old female, who sustained an industrial injury on October 9, 2013. She reported right knee pain. The injured worker was diagnosed as having right knee medial meniscus tear, tibiofemoral arthrosis, patellofemoral chondrosis with effusion and gastroesophageal reflux disease. Treatment to date has included diagnostic studies, pain injections, medications and work modifications. Currently, the injured worker complains of right knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 9, 2014, revealed continued pain in the right knee. An intraarticular injection was administered. Evaluation on March 4, 2015, revealed continued pain. Surgical intervention and other future therapies were discussed and medications were renewed. She reported benefit with topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 1 month supply, #1 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topical Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Methoderm contains Salicylate - topical NSAID. The continuation of Methoderm beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. The claimant was on oral NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Therefore, the continued use of Methoderm is not medically necessary.