

Case Number:	CM15-0086260		
Date Assigned:	05/08/2015	Date of Injury:	05/06/2013
Decision Date:	06/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Florida, California

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:

This is a 46 year old male with a May 6, 2013 date of injury. A progress note dated March 25, 2015 documents subjective findings (constant, persistent right knee pain and swelling rated at a level of 7-8/10; pain radiating to the shin and foot with numbness of the toes), objective findings (healed arthroscopic portals; walks with a limp; pain on range of motion; tender patellar facets; tender joint lines; crepitation on range of motion; pain on Murray's testing), and current diagnoses (right knee residuals after two prior arthroscopic surgeries; patellar chondromalacia; internal derangement of the knee). Treatments to date have included magnetic resonance imaging arthrogram (showed possible small lateral meniscal tear, patellar lateral tilt, and chondromalacia), physical therapy, chiropractic care, and acupuncture. The treating physician documented a plan of care that included Methoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127.

Decision rationale: This claimant was injured now over a year ago. There is continued pain. Methoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately not medically necessary.