

<b>Case Number:</b>	CM14-0122948		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female with a date of injury of 02/10/2014. The listed diagnoses per [REDACTED] are: Knee degenerative osteoarthritis, Knee arthralgia, Chondromalacia, Genu varum/varus deformity, Abnormality of gait, and Knee meniscus tear. According to a progress report 07/09/2014, this patient presents with bilateral knee pain. It was noted that she had a cortisone injection to the right knee which has slightly improved her pain. She has been self-treating with aquatic exercises at the gym which have been beneficial. Examination revealed the patient ambulates with a cane. There was swelling in the right knee and tenderness in the patellofemoral and medial and lateral joint line. Range of motion on the right is 0 to 120 degrees and on the left 0 to 125 degrees. The treater is requesting "auth for treatment of right knee based on QME recommendations," Menthoderm gel 120 g 4 ounce #2 and Terocin patches #30. Utilization review denied the request on 07/24/2014. Treatment reports from 01/15/2014 through 07/09/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request auto for treatment of right knee based on QME recommendations:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting "auth for treatment of right knee based on QME recommendation." Review of the QME report from 03/24/2014 provides recount of the patient's medical history and a detailed physical examination. The QME states that the "patient will likely require right total knee arthroplasty in the future, after treatment of left knee." It is unclear as to exactly what "treatment" he is referring to. In this case, the MTUS Chronic Pain Guidelines does require that the treating physician provide monitoring and make appropriate recommendations. Without clarification of what treatment is being requested, recommendation cannot be made. The request is not medically necessary and appropriate.

**Menthoderm gel 120 gm (4 ounces) #2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, topical NSAID Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** Menthoderm gel contains menthol and methyl salicylate, and NSAID. The MTUS Chronic Pain Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. The ODG support Ben-Gay, which contains similar products as Menthoderm, for acute and chronic pain conditions, particularly osteoarthritis. This patient has knee osteoarthritis and the treater is attempting a trial of this medication. The request is medically necessary and appropriate.

**Terocin patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidocaine Page(s): 112.

**Decision rationale:** The MTUS Chronic Pain Guidelines states under lidocaine, "Indications are for neuropathic pain, recommend for localized peripheral pain after there has been evidence of trial of first line therapy." In this case, the patient does not present with "localized peripheral pain" or neuropathic pain. As such, the request is not medically necessary and appropriate.