

Case Number:	CM14-0123688		
Date Assigned:	08/08/2014	Date of Injury:	10/10/2010
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 Pain Management 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:

The injured worker is a 64 year old right hand dominant female who sustained work-related injuries on October 10, 2010. The mechanism of the injury was a fall accident. The most recent medical records dated June 19, 2014 indicate that she complained of left neck and upper back pain rated at 6/10, low back pain rated at 8/10 which was constant and bilateral knee pain rated at 8/10 which was also constant. She stated that the pain in her left low back has worsened since her last visit. She also stated that she was scheduled for bilateral electromyogram of her upper and lower extremities, a lumbar magnetic resonance imaging scan and with x-rays of both knees. She reported that she was able to sit for 45 minutes and walk for 20 to 30 minutes before noticing any worsening of low back pain. She reported that she has been able to sleep for 3 hours before being awakened by back pain. Her prior magnetic resonance imaging of the right knee from 2012 was reviewed and showed a small tear in the medial meniscus. An objective examination indicates tenderness over the left Infrapatellar tendon, spasms and tenderness on both sides of the neck as well as spasm and tenderness over the left upper back, middle back, lower back, and buttock. Tenderness was noted over the right sacroiliac joint. The lumbar spine range of motion was limited in all planes due to pain. She is diagnosed with (a) knee sprain and strain; (b) thoracic spine sprain and strain, (c) lumbosacral or thoracic spine neuritis; and (d) cervical spine sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals; Page(s): 111; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Capsaicin, topical (chili pepper/cayenne pepper)

Decision rationale: According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not medically necessary. Methoderm gel is composed of methyl salicylate and menthol as part of its active ingredients. Although the methyl salicylate component is supported by evidence guidelines, the menthol part is not and has been documented to cause serious burns, a new alert from the Food and Drug Administration. Since one of the components of this compounded medication is not recommended, the medical necessity of the requested Methoderm gel is not established.