

Case Number:	CM14-0124554		
Date Assigned:	08/11/2014	Date of Injury:	08/10/2012
Decision Date:	11/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation 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 is a 37-year-old female with a date of injury of 8/10/12. Mechanism of injury is not discussed in submitted reports. The patient has a back and left knee injury. She is under the care of a pain specialist for chronic symptoms. The patient has had extensive prior treatment, including multiple medications, physical therapy, and epidural injections. An unspecified left knee surgery was done in October of 2013. In addition to oral medications, there have been multiple prescriptions for Mentherm, a topical medication. Though there are multiple dates where Mentherm was dispensed, none of the reports document that it was of any benefit. This was submitted to Utilization Review with a recommendation for non-certification rendered on 8/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Mentherm Ointment (duration unknown and frequency unknown) (DOS: 12/17/13, 01/22/14, 02/18/14, 03/25/14, 05/20/14): Upheld

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

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

Decision rationale: Methoderm is a topical cream that consists of Methyl Salicylate with Menthol. The CA MTUS states that topical salicylate (such as Ben-Gay, Methyl Salicylate) are significantly better than placebo in chronic pain, and states that they are recommended. There are no medications in this topical agent that are not guideline supported. One prescription of this topical would have been appropriate, but subsequent prescriptions dependent upon the clinical response. In this case, there are multiple dates of service, but none of the medical reports document that this topical medication was of any benefit at all. If there is no documentation of benefit, there is no medical necessity of the topical after the first trial prescription. Medical necessity of Methoderm from dates of service of 12/17/13, 01/22/14, 02/18/14, 03/25/14, and 05/20/14 is not established.