

Case Number:	CM14-0140584		
Date Assigned:	09/10/2014	Date of Injury:	09/24/2004
Decision Date:	11/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported an injury on 09/27/2004 due to an unknown mechanism. Diagnoses were ankle sprain, left knee sprain/strain, status postsurgery 2004, chronic pain, myofascial pain, and gastritis. Physical examination on 07/16/2014 revealed that the injured worker had continued knee pain, left greater than the right. The injured worker used a TENS unit weekly. The injured worker had a cortisone injection last week with decreased pain greater than 50%. It was reported that the injured worker was taking tramadol ER daily and it was helping to decrease pain and helped the patient to continue to work. Examination revealed mild crepitus in the knees, decreased right knee, no edema, and no erythema. Examination of the left knee revealed no effusion, no laxity, antalgic gait. Treatment plan was to continue medications and the use of a TENS unit and home exercise program regularly. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120 gm: Upheld

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

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

Decision rationale: The decision for Mentherm 120 gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The efficacy of this medication was not reported. The request submitted does not indicate a frequency for the medication nor does it report where this medication is to be used. The medical guidelines state that topical analgesics are largely experimental in use. There was not significant functional benefit reported on the physical examination dated 07/16/2014 by the use of this medication. Therefore, this request is not medically necessary.