

Case Number:	CM14-0144824		
Date Assigned:	09/12/2014	Date of Injury:	02/03/2004
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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:

The injured worker is a 67-year-old male who reported an injury on 02/03/2004. The mechanism of injury was not provided. On 08/08/2014, the injured worker presented with low back pain and left knee pain. The diagnoses were lumbar sprain/strain, knee tendinopathy, myofascial pain, arthritis not otherwise specified, poor coping in chronic pain and disability, rheumatoid arthritis, back pain, and knee pain. Current medications included Plagrel, sulfasalazine, Nexium, methotrexate, naproxen, and Menthoderm. Physical examination noted tenderness to palpation and decreased lumbar range of motion and bilateral knee range of motion. The provider recommended Menthoderm 120 gm; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of menthoderm 120gm: Upheld

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

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

Decision rationale: The request for Methoderm 120 gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics 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. The guidelines note many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, and anti-depressants. There is little to no research to support the use of many of these agents. There is a lack of documentation that the injured worker had tried and failed an antidepressant or anticonvulsant. Additionally, the provider does not indicate the site at which the Methoderm was indicated for or the frequency of the medication in the request as submitted. As such, medical necessity has not been established.