

Case Number:	CM14-0146802		
Date Assigned:	09/12/2014	Date of Injury:	08/20/2012
Decision Date:	10/15/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty 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:

According to the records made available for review, this is a 41-year-old female with an 8/20/12 date of injury and status post left knee arthroscopy on 2/27/14. At the time (8/30/14) of the Decision for Retrospective request for Mentherm ointment (duration and frequency unknown), dispensed 07/23/2014, for the neck, lower back, both knees, both shoulders, and left hand, there is documentation of subjective (left shoulder and bilateral knee pain) and objective (decreased and painful left shoulder range of motion with tenderness to palpation and positive impingement tests; and decreased left knee range of motion) findings, current diagnoses (cervicalgia, left shoulder partial thickness tendon tear, and left knee pain and dysfunction), and treatment to date (ongoing therapy with Tramadol). There is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm ointment (duration and frequency unknown), dispensed 07/23/2014, for the neck, lower back, both knees, both shoulders, and left hand:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/menthoderm-cream.html>

Decision rationale: Medical Treatment Guideline identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, left shoulder partial thickness tendon tear, and left knee pain and dysfunction. However, despite documentation of pain, there is no documentation of neuropathic pain. In addition, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Methoderm ointment (duration and frequency unknown), dispensed 07/23/2014, for the neck, lower back, both knees, both shoulders, and left hand is not medically necessary.