

Case Number:	CM14-0154291		
Date Assigned:	09/23/2014	Date of Injury:	06/13/2013
Decision Date:	10/31/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 40 year-old patient sustained an injury on 6/13/13 while employed by [REDACTED]. The request under consideration includes Retrospective Mentherm ointment for DOS 5/7/2014. Diagnoses include lumbar spine strain/sprain; right ankle sprain/strain. Report of 1/14/14 from the provider noted the patient with chronic right ankle pain. Exam showed decreased ankle range of motion with tenderness; mild limp but without motor weakness. Treatment plan was for topical salicylate compound. Report of 4/9/14 noted right ankle pain continued with clicking, popping sensation. Exam showed lumbar tenderness at paraspinal muscles, decreased sensation in right lower extremity with diffuse decreased range; right ankle decreased range. Medications list Flexeril, Ibuprofen, Prilosec, and Mentherm. Hand-written illegible report of 8/4/14 noted right ankle pain and L/S occasional pain. Exam showed right ankle inflammation; painful limited ROM. Treatment included medication refills; foot and ankle specialist; and rest illegible. The request for Retrospective Mentherm ointment for DOS 5/7/2014 was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm ointment for DOS 5/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Page(s): 105.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of June 2013 without documented functional improvement from treatment already rendered. The retrospective request for Methoderm ointment for DOS 5/7/2014 is not medically necessary and appropriate.