

Case Number:	CM14-0165639		
Date Assigned:	10/10/2014	Date of Injury:	11/08/2011
Decision Date:	11/14/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

1/13/14 PR-2 notes pain in the low back and left knee pain reported as 8/10. The insured cannot do MRI per the note. Exam reports normal gait. There is reduced range of motion of the knee with assessment of lumbosacral sprain/strain. The insured was recommended for home exercises, CT scan, and acupuncture with topical cream to knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment left knee dispensed 1/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain topicals Page(s): 111.

Decision rationale: Topical menthoderm is not supported under MTUS for topical use. The medical records provided for review do not indicate prior conservative treatment results or indicate failure of first line therapy including oral NSAIDs. MTUS notes any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic

effect of each agent and how it will be useful for the specific therapeutic goal required. As such Methoderm ointment left knee dispensed 1/13/14 is not medically necessary.