

Case Number:	CM14-0198997		
Date Assigned:	12/09/2014	Date of Injury:	07/29/2013
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 64 year-old patient sustained an injury on 7/29/13. Request(s) under consideration include Topical Mentherm ointment 120gms (Unspecified quantity/supply). Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 9/10/14 noted left knee pain, denied locking or clicking. Exam of left knee noted no tenderness of medial joint line or patella and popliteal fossa; negative add/abd stress test; negative anterior/posterior drawer sign; no joint effusion; negative grind test; 5/5 motor strength with intact sensation and symmetrical DTRs of lower extremities. Diagnosis was knee/leg sprain/strain. Treatment plan was expected MMI as left knee strain resolved. The patient was released full duty to work without restrictions. Hand-written report of 10/23/14 from the provider noted the patient with continued low back pain rated at 4/10, worsened with sitting. Exam showed unchanged findings of tenderness to palpation of lumbar paraspinal muscles. Treatment plan included home exercise and medication. The request(s) for Topical Mentherm ointment 120gms (Unspecified quantity/supply) was non-certified on 11/5/14 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:

Mentherm ointment 120 gms (Unspecified quantity and days supply): 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): 111-113.

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 pain 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 2013 without documented functional improvement from treatment already rendered. The Topical Methoderm ointment 120 gms (Unspecified quantity/supply) is not medically necessary and appropriate.