

<b>Case Number:</b>	CM14-0214350		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/27/2005
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 65 year old female with an injury date of 12/27/05. Based on the 07/15/14 progress report the patient complains of bilateral knee discomfort. Her left knee has swelling and “below the patella she gets this greenish blue discoloration.” The 09/12/14 report indicates that she has persistent swelling/pain and knee giving out feeling. She has numbness in the lateral leg and lateral foot to the fifth toe (left greater than right). The 11/07/14 report states that the patient has a nasal fracture and has headaches once a week. She also has left hip pain which attributes to her gait dysfunction. Sensation is decreased laterally over the lateral leg into the lateral foot almost following the S1 dermatome pattern up to the knee. On palpation, there is slight swelling of the right knee. In regards to the left hip, on palpation there is tenderness of the anterior lateral hip. Hip flexion and abduction are 80% of normal as compared to the right side due to pain. The patient’s diagnoses include the following: 1. Status post left total knee replacement in April 2011 with significant residual problems causing persistent swelling and pain along with the left knee giving out causing falls, the most recent fall on 12/22/12. Status post left knee surgery in December 2013. 2. Right knee pain status post arthroscopic surgeries with residual pain. 3. Fall on 12/22/12 due to left knee giving out, compensable consequence causing: a. Post traumatic post-concussion headaches b. Fracture of nasal bone requiring ongoing ENT care. 4. Secondary insomnia due to chronic pain. 5. Left hip pain since June 2013. Compensable consequence due to chronic gait dysfunction due to diagnoses number one and two. The utilization review determination being challenged is dated 12/05/14. Treatment reports are provided from 02/06/13-11/07/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm cream:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical analgesics; Medications for chronic pain Page(s): 111-113,105, 60.

**Decision rationale:** The patient presents with bilateral knee discomfort, swelling in the left knee, knee giving out feeling, numbness in the lateral leg, numbness in the lateral foot to the fifth toe (left greater than right), nasal fracture, headaches once a week, and left hip pain which attributes to her gait dysfunction. The request is for Mentoderm cream to be applied locally to the knee and affected area for pain control. The utilization review denial rationale is that it has not been established that there is any necessity for this specific brand name. It is recommended that the brand name topical be modified to allow for an over-the-counter formulation, with the same topical salicylate ingredients. There patient began using Mentoderm cream as early as 07/15/14. Mentoderm gel contains methyl salicylate 15% and methyl 10%. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs, MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS chronic pain medical treatment guidelines page 105, for Salicylate topicals states: Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. The patient's left knee has swelling and below the patella she gets this greenish blue discoloration, she has persistent swelling/pain in the knee, her knee has a giving out feeling, she has numbness in the lateral leg and lateral foot to the fifth toe (left greater than right), sensation is decreased laterally over the lateral leg into the lateral foot almost following the S1 dermatome pattern up to the knee, and on palpation there is slight swelling of the right knee. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. The 07/15/14, 09/12/14, and 11/07/14 reports all state that mentoderm cream has been helpful. It appears that Mentoderm Cream is helping the patient's pain. Therefore, the requested Mentoderm cream is medically necessary.