

Case Number:	CM15-0100311		
Date Assigned:	06/02/2015	Date of Injury:	07/02/2014
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 28 year old female, who sustained an industrial injury on 7/2/2014. She reported suffering injury to the right knee after twisting it. The injured worker was diagnosed as having right knee sprain/strain, possible subluxation of the right patella, and rule out torn meniscus. Treatment to date has included medications, physical therapy. The request is for Methoderm ointment. On 12/1/2014, she was seen for right knee pain. The right knee examination revealed tenderness on the right lateral knee in the region of the lateral patellar border, and in the inferior patellar border. There is painful range of motion noted, along with negative varus and valgus testing. A physical therapy note dated 12/30/2014, she complained of right knee pain. She rated the pain 9/10. The right knee is noted to have tenderness along the anterior medial joint line and medial compartment of the right knee. Her functional limitations are noted as limited ability with respect to kneeling, stooping, squatting, and bending. The treatment plan included: physical therapy and home exercise program. The treatment plan included: physical therapy, home exercises, knee brace, and Naproxen, Prilosec, and Methoderm creams. The medical records do not indicate a failure of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment (retrospective DOS 2/9/15): 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.

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Mentoderm ointment (retrospective DOS 2/9/15) is not medically necessary.