

<b>Case Number:</b>	CM15-0113848		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/18/2015
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old female injured worker suffered an industrial injury on 01/18/2015. The diagnoses included left knee pain and dysfunctions, left knee small meniscal tear, and lumbar spinal strain. The diagnostics included left knee magnetic resonance imaging. The injured worker had been treated with physical therapy. On 4/17/2015, the physical therapist reported altered posture, moderate tenderness of the lumbar spine and left knee. The lumbar spine had reduced range of motion with decreased sensations. The left knee had mild swelling. On 4/22/2015, the treating provider reported severe left knee pain with swelling with impaired gait and tenderness. The treatment plan included Mentherm ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm ointment #240 gm:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain; page 60 (2) Topical Analgesics, pages 111-113.

**Decision rationale:** The claimant sustained a work injury and January 2015 and continues to be treated for low back and left knee pain. When seen, there was decreased lumbar spine range of motion with guarding and paraspinal muscle tenderness. There was pain with left knee range of motion and joint line and patellar tenderness. McMurray's testing was positive. She was ambulating with a limp. Tylenol, ibuprofen, and tramadol were being prescribed. Methoderm is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. She has localized left knee pain that could be amenable to topical treatment. Therefore, Methoderm is medically necessary.