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| Case Number: | CM15-0167582 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 06/25/2011 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 07/25/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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, New York

Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial injury on 6-25-11. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported bilateral upper extremity pain, low back pain and bilateral knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel release and right knee degenerative joint disease. Provider documentation dated 9-3-15 noted the work status as temporary totally disabled. Treatment Plan dated 9-3-15 was illegible. Objective findings dated 9-3-15 were notable for left knee with tenderness, decreased range of motion. The original utilization review (7-25-15) denied a request for an unknown prescription of Methoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Methoderm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: The request for menthoderm is not medically necessary. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's complaints. Topical analgesics are often used for neuropathic pain which the patient does not appear to have in this limited chart. The request is considered not medically necessary.