

Case Number:	CM15-0168826		
Date Assigned:	10/01/2015	Date of Injury:	04/02/2014
Decision Date:	11/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 injured worker is a 39 year old female, who sustained an industrial injury on 04-02-2014. She has reported subsequent right knee and ankle pain and was diagnosed with right knee and right ankle sprain and strain, right knee medial and lateral meniscus tear, right knee chondromalacia and right ankle ATFL, PTFL and calcaneofibular ligament tear. MRI of the right ankle on 08-28-2014 revealed anterior talofibular ligament (ATFL) and posterior talofibular ligament (PTFL) partial tears, calcaneofibular ligament tear, Achilles tendinitis and plantar fasciitis. MRI of the right knee on 08-28-2014 revealed medial and lateral meniscus tears, MCL and LCL sprains, grade 4 patellofemoral arthrosis, medial and lateral tibiofemoral joint osteoarthritis and quadriceps tendinosis. Work status was documented as temporarily totally disabled. Treatment to date has included pain medication, physical therapy and right knee surgery on 04-28-2015. Documentation shows that the injured worker was prescribed oral and topical pain medications on 03-31-2015 including Menthoderm transdermal. There was no documentation of intolerance or failure of oral analgesics. The most recent progress notes do not document improved pain or objective functional improvement with the use of Menthoderm. Right ankle pain was noted to be severe and worsening and the injured worker remained off work. In a progress note dated 07-09-2015, the injured worker reported intermittent right knee pain that was rated 5-6 out of 10 and constant right ankle pain that was rated 8-9 out of 10. Objective examination findings revealed mildly reduced range of motion of the bilateral ankles and tenderness at surgical site. A request for authorization of Menthoderm cream-gel x2 was submitted. As per the 07-29-2015 utilization review, the request for Menthoderm cream-gel x2 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm cream/gel x 2: Overturned

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): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in April 2014 and is being treated for right knee and ankle pain after she tripped and fell while working as a traffic control officer. An arthroscopic right knee chondroplasty and synovectomy was done on 04/28/15. She has a left ankle sprain. When seen, pain was rated at 5-9/10. There was mildly decreased ankle range of motion and tenderness. Physical therapy was planned to begin the next week. Norco and menthoderm were prescribed. Medications have also included naproxen and Prilosec. Methoderm gel 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 ongoing pain and has only responded partially to other conservative treatments. She has localized ankle and knee pain that could be amenable to topical treatment. Generic medication is available. Methoderm is medically necessary.