MAXIMUS Federal Services

Case Number:	CM15-0170072		
Date Assigned:	09/10/2015	Date of Injury:	11/22/2012
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who presented with cumulative industrial injuries on November 22, 2012 resulting in right shoulder, right knee and low back pain. Diagnoses have included right knee internal joint derangement, medial meniscus tear, chronic synovitis, and joint effusion; chronic cervical spine strain or sprain with underlying multilevel degenerative disc disorder; myofascial pain syndrome; cervical radiculopathy; and lumbosacral radiculopathy. Documented treatment includes right knee arthroscopic synovectomy and chondroplasty on February 26, 2015, use of knee and back brace, 14 sessions of physical therapy, H-Wave device which reduced her need for medication, Tylenol, and Menthoderm Gel. In the August 7, 2015 physician's report, the injured worker presented with right knee, shoulder and lumbar back pain with some numbness in her right leg. The treating physician's plan of care includes 4 units of Menthoderm gel which was dispensed August 7, 2015, but this request was modified to 2 units citing lack of explanation of need amount requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120gm (dispensed 8/7/15) #4: 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): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Menthoderm gel 120gm (dispensed 8/7/15) #4 is not medically necessary and appropriate.