

Case Number:	CM15-0170106		
Date Assigned:	09/11/2015	Date of Injury:	11/29/2013
Decision Date:	10/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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 49 year old male, who sustained an industrial injury on November 29, 2013. The injury occurred while the injured worker was pushing a cable car. The injured worker experienced sudden right knee pain. The diagnoses have included tear of the medial meniscus of the right knee, chondromalacia of the right knee and history of a back injury (settled with worker's compensation). The injured worker was working. Current documentation dated July 8, 2015 notes that the injured worker reported low back pain and intermittent right knee pain. The pain was associated with numbness and weakness in the right leg. The injured workers average pain level was 6 out of 10 on the visual analogue scale. The injured worker was noted to avoid physical exercise and activities of daily living due to the pain. Examination of the right knee revealed a full range of motion, no edema or crepitus and special orthopedic testing was noted to be negative. Treatment and evaluation to date has included medications, radiological studies, right knee MRI of the right knee (12-31-2013), knee brace, psychological evaluation, low impact home exercise program and physical therapy. Current medications include Ibuprofen and Methyl salicylate 15% topical anesthetic lotion. The injured worker has been prescribed Methyl salicylate 15% topical anesthetic lotion since at least January of 2015. The treating physician's request for authorization dated August 18, 2015 requested Methyl salicylate 15% topical anesthetic lotion. The original Utilization Review dated August 26, 2015 non-certified the request for Methyl salicylate 15% topical anesthetic lotion due to lack of evidence in the medical records of tried and failed antidepressant and anticonvulsant medications as required by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl salicylate 15% topical anesthetic lotion: 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: 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. There 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 is not recommended. Furthermore, there is no documentation of failure or intolerance of any antidepressants and anticonvulsants. Based on the above, the request for Methyl salicylate 15% topical anesthetic lotion is not medically necessary.