

Case Number:	CM15-0179080		
Date Assigned:	09/21/2015	Date of Injury:	06/30/2014
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 63 year old female, who sustained an industrial injury on June 30, 2014. She reported an injury to her left foot. The injured worker was currently diagnosed as status post left foot and ankle trauma with fractures. Treatment to date has included medications, brace, cane, walker, functional capacity evaluation, ice application, injection, acupuncture, physical therapy, chiropractic treatment and diagnostic studies. In the most recent progress report dated August 12, 2015, the injured worker complained of activity-dependent, sharp left foot pain radiating to plantar, calf and knee with numbness, tingling and pain. The pain was described as "severe." Physical examination revealed swelling about the left foot. Tenderness to palpation was noted across the dorsum of the left foot and in the left ankle. Pain was noted with range of motion. Notes stated that a prior injection to the left foot helped relieve pain for four to five days. The treatment plan included Tramadol, Naproxen, Prilosec, Methoderm ointment, wean off four foot cane, ankle brace nylon-neoprene support, follow-up with podiatrist for left foot and a follow-up visit. On August 28, 2015, utilization review denied a request for Methoderm gel 120gm (for date of service August 18, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 120gm DOS: 8/18/15 DS: 30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentherm gel #120 g date of service August 18, 2015, day supply #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are status post left foot and ankle trauma with fractures. Date of injury is June 30, 2014. Request authorization is August 12, 2015. According to a progress note dated November 5, 2014, Mentherm was prescribed. According to a progress note dated August 12, 2015 (the most recent progress notes in the record), subjective complaints include left foot pain that radiates to the calf and knee with numbness and tingling. Objectively, there is tenderness palpation with decreased range of motion. Mentherm cream is prescribed for pain and inflammation. The documentation does not state the area to be treated. There is no documentation of failed first-line treatment with anti-depressants and anti-convulsants. There is no documentation demonstrating objective functional improvement to support ongoing Mentherm. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation of failed first-line treatment, Mentherm gel #120 g date of service August 18, 2015, day supply #30 is not medically necessary.