

<b>Case Number:</b>	CM15-0179389		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic knee pain, anxiety, and depression reportedly associated with an industrial injury of August 2, 2012. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for Menthoderm lotion, apparently prescribed and/or dispensed on or around August 8, 2015. An August 18, 2015 RFA form was seemingly referenced in the determination. The applicant's attorney subsequently appealed. On September 12, 2015, the applicant reported ongoing complaints of knee pain, 6/10. The attending provider acknowledged that the applicant was off work, on total temporary disability, following a recent knee arthroscopy procedure. The applicant was given refills of tramadol, Relafen, Effexor, and Prilosec. On August 8, 2015, the applicant reported ongoing complaints of knee pain, 8/10. Tramadol, Relafen, Prilosec, Effexor, and Menthoderm lotion were endorsed. The applicant was not working and was on total temporary disability, it was stated. 7-9/10 pain complaints were reported. The applicant had reported derivative complaints of depression and frustration, it was stated. On an earlier note dated June 17, 2015, Menthoderm lotion, Effexor, Prilosec, Naprosyn, and tramadol were renewed, while the applicant was placed off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Lotion 120 Grams, Dispensed 8/8/15, 30 Day Supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

**Decision rationale:** No, the request for Methoderm lotion, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Methoderm are recommended in the chronic pain context present here, this recommendation is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the request was framed as a renewal or extension request for Methoderm lotion as the applicant was using Methoderm on a historical note dated June 17, 2015. The ongoing usage of Methoderm, however, failed to curtail the applicant's dependence on opioid agents, such as tramadol, it was acknowledged on August 8, 2015. An average pain score of 8/10 was reported on August 8, 2015. No seeming discussion of medication efficacy transpired insofar as Methoderm was concerned. The applicant reported complaints of hypersensitivity to touch, difficulty performing standing, walking, and kneeling, and difficulty exercising secondary to pain. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Methoderm. Therefore, the request was not medically necessary.