MAXIMUS Federal Services

Case Number:	CM15-0063190		
Date Assigned:	04/09/2015	Date of Injury:	02/23/2007
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 57-year-old male who sustained an industrial injury on 2/23/07. He has reported right ankle injury after falling off a ladder and landing standing up on his feet. The diagnoses have included status post severe right ankle fracture, severe posttraumatic arthritis of the right ankle, and status post - extensive arthroscopy. Treatment to date has included medications, surgery, conservative measures, use of a cane and physical therapy. Currently, as per the physician progress note dated 1/13/15, the injured worker complains of continued pain in the right foot and ankle rated 4/10 on pain scale at rest and 7/10 with repetitive weight bearing activities. It was noted by the physician that he is suffering from post- traumatic arthritis to the right ankle secondary to fracture of the right tibia, which left him with severe destruction of the ankle joint. Physical exam revealed stride shorter on the right side, he uses an ankle/foot orthosis which is worn out, limited and decreased plantar flexion, one hundred percent loss of inversion and eversion, and right calf atrophy was noted. The gait analysis revealed that he walks with a limp and shortened stride on the right side. He did not use an ambulatory device and his Richie hinge brace was worn out. The physician noted that he is unable to take any pain medications or Nonsteroidal anti-inflammatory drug s due to history of stomach carcinoma and extensive surgery. The physician requested treatment included Retrospective two (2) Menthoderm bottles (120 grams x2) prescribed on 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective two (2) Menthoderm bottles (120 grams x2) prescribed on 01/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 105, 111-113.

Decision rationale: Menthoderm is methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.