

Case Number:	CM15-0093315		
Date Assigned:	05/19/2015	Date of Injury:	10/23/2010
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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(n) 74-year-old male, who sustained an industrial injury on 10/23/10. He reported injuring his right knee due to a trip and fall accident. The injured worker was diagnosed as having knee osteoarthritis. Treatment to date has included right knee surgery on 11/1/10, physical therapy, Tramadol and Menthoderm topical. As of the PR2 dated 4/4/15, the injured worker reports pain in the neck, back and bilateral knees. He rates his pain 4/10 currently, 0/10 at best and 5-6/10 at worst. The treating physician noted tenderness to palpation over the medial and lateral joint lines in both knees. The treating physician requested Menthoderm topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm topical analgesic (unspecified dosage, usage, qty) prescribed 4/4/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Salicylate Topicals.

Decision rationale: Regarding the request for Methoderm (methyl salicylate+menthol), guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. ODG states that topical salicylates are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. In chronic pain conditions such as osteoarthritis, the evidence was more robust, but rubefacients appear to provide useful levels of pain relief in one in six individuals over and above those who also responded to placebo. This compares poorly with topical NSAIDs where substantial amounts of good quality evidence indicate that one in every three individuals treated will experience useful levels of pain relief over and above those who also responded to placebo. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Methoderm is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Methoderm is not medically necessary.