MAXIMUS Federal Services

Case Number:	CM15-0097790		
Date Assigned:	05/28/2015	Date of Injury:	02/23/2007
Decision Date:	06/29/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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 56 year old male, who sustained an industrial injury on 2/23/07. He received a right tibial and right ankle fracture following a fall. The injured worker was diagnosed as having status post severe right ankle fracture, severe post traumatic arthritis of right ankle and status post extensive arthroscopic debridement, arthrotomy with resection of large tibial plafond spur and micro fracture of osteochondral defect of talus. Treatment to date has included activity restrictions, Menthoderm topical cream and a hinged ankle brace. Currently, the injured worker complains of continued pain to right foot and ankle rated 4/10 at rest and 7/10 with activities. It is noted he is unable to take oral pain medication or NSAIDS because of stomach carcinoma with subsequent extensive surgery. He is not working. Physical exam noted severe antalgic gait, decreased plantar flexion, right calf atrophy and worn out hinge brace. A request for authorization was submitted for 2 Menthoderm bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2 Menthoderm bottles 120 grams x2 with a dos of 3/17/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. 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. Menthoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance to oral anti-inflammatory medications. Based on the above, the retrospective request of Menthoderm bottles 120 grams x2 is not medically necessary.