

Case Number:	CM14-0146774		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2013
Decision Date:	10/20/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male who was injured on 09/30/13 resulting in knee injury. The mechanism of injury was not documented in the clinical notes submitted for review. Clinical note dated 07/30/14 indicated the injured worker complains of knee swelling but the pain did not get worse. The patient also indicated there has been tingling on the knee that comes and goes. Clinical note documented the patient has positive benefit with Transcutaneous Electrical Nerve Stimulation (TENS). Physical examination revealed tenderness to palpation on the left knee. Clinical diagnoses include status post knee surgery, left knee strain/strain. Plan of management was to continue TENS, cream and cold therapy, orthopedic consult, and was prescribed Naproxen and Mentherm. The previous request for Mentherm 120 gm #1 was non-certified on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Salicylate Topicals > Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound topical medication is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this medication, Methoderm 120gm #1, is not medically necessary.