

Case Number:	CM13-0050440		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2010
Decision Date:	06/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, Oklahoma, Texas, and Tennessee. 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 physician 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 patient is a 27 year old female injured on 11/19/10 due to repetitive use in her work environment. Current diagnoses include status post left carpal tunnel release with ulnar nerve decompression at the wrist; status post revision right carpal tunnel release with ulnar nerve decompression at the wrist; bilateral forearm tendonitis; bilateral radial tunnel syndrome; trapezial, paracervical, and parascapular strain; mild left cubital tunnel syndrome; and bilateral thoracic outlet syndrome. The clinical documentation dated 09/20/13 indicates the patient is postoperative status x 7 months and undergoing physical therapy. The patient complained of pain in her shoulders and elbows with slight tenderness over the carpal tunnel scars. There was mild medial epicondylar and minimal lateral epicondylar tenderness bilaterally. Provocative maneuvers for thoracic outlet syndrome were positive bilaterally with slight trapezial, paracervical, and parascapular tenderness noted. There was also mild radial tunnel tenderness noted on examination. There were no current medications noted at that time and Methoderm gel 120 grams was dispensed during that office visit. Previous medications included Voltaren 100mg and Terocin lotion. The clinical note dated 01/15/14 indicates the patient continues to complain of burning pain in her left shoulder with radiation down the arm and occasional numbness in the hands. The patient also reports associated weakness in the upper extremity. Physical examination revealed full range of motion of the cervical spine without pain; slight trapezial and parascapular tenderness on the left; provocative maneuvers for thoracic outlet syndrome are positive on the left and equivocal on the right; and Spurling's test is negative. Documentation indicates the patient is pregnant and had to discontinue medications. It is noted that the patient has completed recent certification for additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATION: MENTHODERM GEL #120 GRAMS, DISPENSED ON 9/20/13 FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE AND TOPICAL ANALGESICS Page(s): 105,111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11THE EDITION, (WEB), 2013, PAIN, SALICYLATE TOPICALS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications had been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Mentoderm gel #120 grams, dispensed on 9/20/13 for the right wrist cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.