

<b>Case Number:</b>	CM13-0050482		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational 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 patient is a 52 year old male who was injured on 02/18/2004. He fell on his left wrist. Prior treatment history has included steroid injections and Terocin cream. The patient underwent left carpal tunnel release and ulnar nerve release on 11/06/2013. PR2 dated 10/24/2013 indicated the patient presents with pain in his left shoulder, elbow, and thumb. Objective findings on exam revealed impingement sign is positive at the left shoulder. There is moderate medial epicondylar tenderness on the left. The Tinel's sign and elbow flexion test are negative at the cubital tunnels. There is slight thumb CMC tenderness on the left. The CMC grind test is positive on the left. The Tinel's sign and Phalen's tests are negative at the carpal tunnels bilaterally; grip strength is diminished on the left. The patient is diagnosed with 1) Chronic left medial epicondylitis; 2) Left shoulder impingement; 3) Left thumb CMC arthrosis; 4) Left volar wrist ganglion cyst; and 5) status post left carpal tunnel release with ulnar nerve decompression at the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR MENTHODERM PRESCRIBED 10/24/2013 FOR TREATMENT OF THE LEFT SHOULDRER, HAND, AND WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
SALICYLATE TOPICALS Page(s): 105, 111.

**Decision rationale:** This is a request for Methoderm, a topical combination product consisting of menthol and methyl salicylate, for the treatment of chronic pain. While topical NSAIDs have been shown to be superior to placebo in the short-term for treatment of osteoarthritis, their effect appears to diminish over time, and there are no long-term studies of effectiveness safety. As such, use is recommended only for short-term periods of 4-12 weeks. This patient appears to be using topical NSAIDs on a chronic basis. Further, guidelines do not specifically recommend menthol, and any topical product containing a compound that is not recommended, is not recommended. Medical necessity has not been established. Thus, Methoderm is non-certified.