

Case Number:	CM13-0058470		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2006
Decision Date:	03/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 PM&R, has a subspecialty in Interventional Spine 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 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 50-year-old female with a date of injury of 03/14/2006. The listed diagnoses per [REDACTED], dated 11/05/2013, are: 1) Bilateral carpal tunnel syndrome with probable ulnar nerve decompression at the wrist; 2) right cubital tunnel syndrome; 3) cervical arthrosis/radiculopathy; 4) trapezial, paracervical, and periscapular strain; 5) status post left cubital tunnel syndrome. According to report dated 11/05/2013 by [REDACTED], the patient presents with complaints of pain and numbness in the right elbow wrist and hand. Examination of the upper extremities reveals Tinel's sign, and elbow flexion tests are positive at the right cubital tunnel and negative on the left. The Tinel's sign and Phalen's test are positive at the carpal tunnel bilaterally. There is a positive Tinel's sign over the ulnar nerves at the wrist bilaterally. Sensation is diminished in a median and ulnar nerve distribution in the right hand. There was also diminished grip strength noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Menthoderm Gel 120 gm: 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: The patient presents with chronic right cubital tunnel syndrome and ulnar nerve compression at the wrist. Treater is requesting Methoderm gel to be applied topically b.i.d. Utilization review dated 11/14/2013 denied request stating, "Methyl salicylate is not recommended for neuropathic pain as there is no evidence of support for its use." The MTUS guidelines allow for the use of topical NSAIDs for peripheral joint arthritis and tendinitis. None of the diagnosis provided fit the description of peripheral joint arthritis and tendinitis, however. It is not indicated for neuropathic pain such as carpal tunnel and cubital tunnel. It is not indicated for myofascial pain and axial spinal pains. Recommendation is for denial.