MAXIMUS Federal Services

Case Number:	CM13-0066572		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2005
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation & Pain Management, 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 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:

This is a 35 year-old female with a 5/18/2005 industrial injury claim. She has been diagnosed with thoracic outlet syndrome; s/p left first rib resection; bilateral thumb CMC synovitis; s/p left lateral extensor origin repair, s/p repair of instability of the left wrist; right index MP synovitis; and history of bilateral shoulder impingement. On 11/20/13 Utilization Review (UR) provided a retrospective denial for a compound topical "Menthoderm" for 9/26/13. According to the 9/26/13 medical report from [redacted], the patient presents with continued pain in the right MP joint. There was temporary improvement with the injection on 6/7/13. [redacted] provides another nerve block at the right radial nerve and requests referral for TOS treatment, he ispensed menthoderm gel 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 9/26/13 TO 9/23/13) FOR COMPOUND MEDICATION MENTHODERM FOR THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain in the right metacarpal phalangeal joint and left thoracic outlet syndrome. The review is for menthoderm gel. Menthoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS has support for methyl salicylate under the Topical Salicylate section, but does not specifically discuss menthol. ODG guidelines were consulted. ODG guidelines state the active ingredient in Biofreeze is menthol, and that it is recommended for acute pain and take the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. Menthol would not be recommended for a chronic condition, so the whole compounded product that contains Menthol, is not recommended.