

Case Number:	CM14-0002175		
Date Assigned:	07/02/2014	Date of Injury:	08/30/2011
Decision Date:	08/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Emergency 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:

Patient has reported date of injury on 8/30/11. No mechanism of injury was provided. Pt has a diagnosis of carpal tunnel syndrome, L rotator cuff impingement and chronic pain syndrome. Medical reports from primary treating physician and consultants reviewed. Last report reviewed until 12/5/13. All recent reports provided are very brief. Last report from 12/5/13 reports, Pt reports good results and is able to reduce medications. Has decreased pain and improved function. Exam showed decreased range of motion of L shoulder. Normal gait. "No change". Note mentions refill medication and request acupuncture. An older report from 3/2/12 has more detailed history documenting a long history of wrist pains, neck and shoulder pains since 2005. Reports most pain improvement from topical medications. Last EMG/NCV is noted from 8/10 that reportedly normal. No other medications besides menthoderm was noted on record. No advance imaging reports were provided just documented in chart. Independent Medical Report is for Methoderm 120ml (Retrospective-issued 12/5/13) Prior UR on 1/2/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MENTHODERM 120ML ISSUED 12/5/13: 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): 111-112.

Decision rationale: Menthoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug(NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist etc. Pt has chronic pains especially in the shoulder and wrist that is reportedly effective, however no improvement in pain as per objective measure was documented. While there is a reported decrease in medication use, this amount was not provided and there is no noted pain scale. MTUS also recommends short term (4-12 weeks) while the patient has reportedly been using this for years. The long term continued use of Menthoderm is not medically necessary.