

Case Number:	CM14-0004804		
Date Assigned:	01/24/2014	Date of Injury:	06/04/2007
Decision Date:	06/19/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 59 year old female who was injured on 06/04/2007 while assisting a patient from the bed to transfer to a wheelchair when the patient fell on top of her. Prior treatment history has included behavioral pain management therapy, chiropractic adjustments, physical therapy, cortisone injections, epidural steroid injections, acupuncture sessions, a home TENS unit. She underwent surgery of her shoulder in 2008 and arm/hand in 2009. The patient's medications consist of Vicodin, which she reports is not helpful and Cymbalta. Diagnostic studies reviewed include electrodiagnostic testing dated 09/19/2013 which revealed the following: 1) Right median sensory neuropathy. 2) Left ulnar sensory neuropathy. 3) Right ulnar neuropathy. 4) EMG was not tolerated by patient. I am unable to comment on the possibility of cervical radiculopathy or the severity of hand muscle involvements for ulnar or median nerves. Visit note dated 12/11/2013 documented the patient with complaints of right shoulder pain rated at 8/10. She states that the medications are helping. She tolerates the medications well. With the current medication regimen, her pain symptoms are adequately managed. Her medications consist of: 1. Vicodin 5-500 mg 2. Cymbalta 30 mg 3. Menthoderm Ointment 15-10% (First prescribed 11/14/2013, pain rated 4/10) Objective findings on exam reveal positive numbness and tingling in right upper extremity. There is weakness in the right hand and occasionally drops objects from right hand. Examination of the right wrist reveals positive Tinel's and carpal tunnel compression test. Finger flexors 4/5 on right and wrist flexors 4/5 on right. Diagnoses: 1. Carpal tunnel syndrome 2. Ulnar nerve lesion Treatment Plan: Continue the current drug regimen. UR report dated 01/10/2014 did not certify the request for Menthoderm cream. Discussion with the provider's PA indicates that the Menthoderm cream is being prescribed for the claimant's diagnosis of carpal tunnel syndrome and ulnar nerve pain. The PA was unable to quantify how

much the Methoderm helps decrease the pain. There was no history of having failed other antidepressant and anticonvulsant for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines (California MTUS) indicate that the topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factors).(Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect another two week period... There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support its use. There is no documentation that the patient failed other antidepressant and anticonvulsant for pain. Based on the Chronic Pain Medical Treatment Guidelines (California MTUS) and criteria as well as the clinical documentation stated above, the request is not medically necessary.