

Case Number:	CM14-0005998		
Date Assigned:	03/03/2014	Date of Injury:	05/31/2010
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
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 Physical Medicine & Rehabilitation 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 injured worker is a 27 year old male who reported a right wrist, hand and low back injury on 05/31/2010 from a work related motor vehicle crash. The clinical note dated 11/06/2013 reported the injured worker had right wrist, hand, and shoulder pain. The physical exam reported the injured worker had a positive impingement and Hawkin's sign to the right shoulder and a positive Tinels's sign at the right elbow. Diagnoses included lumbar discopathy, right cubital tunnel syndrome, and right shoulder impingement syndrome with tendinosis. The request for authorization was dated 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 120MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The proprietary active ingredients of menthoderms is methyl salicylate/menthol. The CA MTUS guidelines recommend topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The injured worker showed

signs and symptoms of a musculoskeletal origin with pain. The injured worker had persistent pain to the low back with usual activities, pain to the right shoulder and wrist, and difficulty using the right hand. The injured worker also had tenderness at the right shoulder subacromial space and acromioclavicular joint. Therefore, the request for Methoderm Gel 120mg is medically necessary and appropriate.