

Case Number:	CM14-0102577		
Date Assigned:	09/16/2014	Date of Injury:	07/20/2009
Decision Date:	12/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 and Rehabilitation and 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:

The patient is a 44-year-old female with an injury date of 07/20/2009. Based on the 01/15/2014 progress report, the patient complains of pain in the right wrist and right hand with radiation to the right arm. This pain is associated with tingling, numbness, weakness in the right hand. The pain is described as being constant in frequency and mild in intensity. The patient also has pain in her left arm with about the same amount of numbness and tingling. The patient also presents with low back pain. She rates her pain as an 8/10 to 9/10 and a 3/10 on its best. Tenderness to palpation over the right radial wrist and dorsum of the right hand/wrist. Phalen's positive bilaterally, left greater than right and positive Tinel sign on the left. The 02/18/2014 report states that the patient's wrists are much worse. "With regard to functional limitations during the past month, the patient avoids going to work and physically exercising because of her pain." The patient's diagnoses include the following: 1. Other tenosynovitis of hand and wrist. 2. Lumbago. The utilization review determination being challenged is dated 06/17/2014. Treatment reports were provided from 08/07/2013 - 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment (duration and frequency unknown): 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 analgesic Page(s): 111.

Decision rationale: Based on the 02/18/2014 progress report, the patient complains of having pain in her right wrist and right hand with radiation to the right arm, pain in her left arm, and lower back pain. The request is for menthoderms ointment (duration and frequency unknown). The report with the request was not provided. Menthoderms gel contains methyl salicylate 15% and menthol 10%. 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. This patient has knee pain for which topical NSAID may be indicated. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. In this case, the patient presents with right wrist/hand pain, left arm pain, and lower back pain. There is no indication of when the patient began to use this topical ointment or how it impacted the patient's pain and function. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, the request is not medically necessary and appropriate.