

Case Number:	CM14-0103938		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2011
Decision Date:	09/26/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

Per the records provided, the claimant injured the wrist on March 22, 2011. There was a diagnosis of carpal tunnel syndrome. There was persistent right wrist pain. There was a qualified medical evaluation and in January 2014 and the claimant was diagnosed in this report with a tendinitis of the wrist. In 2012 he was diagnosed with the right cubital tunnel syndrome and left ulnar neuritis. A later report mentioned that the tendinitis and carpal tunnel syndrome have resolved. He also had psychological issues. As of March 27, 2014, the treating physician again stated the injured worker had bilateral cubital tunnel syndrome and carpal tunnel syndrome. He was severely deconditioned. Medicines included Voltaren, Prilosec and the Mentherm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel, 120 g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Mentherm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo

in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request for Methoderm Gel, 120 g is not medically necessary and appropriate is not medically necessary and appropriate.