

<b>Case Number:</b>	CM14-0103950		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management 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 47 year old female who sustained an injury on 03/11/09. No mechanism of injury was noted. The injured worker has undergone prior procedures for the right thumb on 05/05/14. The injured worker reported persistent complaints of pain in the thumb secondary to CMC joint osteoarthritis. The clinical report on 06/10/14 noted that the injured worker had increasing pain in the left thumb with tenderness to palpation and a positive grind test noted on physical exam. The injured worker was recommended to continue with physical therapy. Medications included Voltaren, Prilosec, and menthoderm gel. The requested menthoderm was denied on 06/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel 120g for Bilateral Carpal Tunnel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** In regards to the use of menthoderm as a topical analgesic, this reviewer would not have recommended this request as medically appropriate. Menthoderm contains Menthol which can be considered an option in the treatment of neuropathic pain. Guidelines

consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.