

Case Number:	CM14-0010105		
Date Assigned:	02/21/2014	Date of Injury:	04/18/2012
Decision Date:	07/03/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 reported an injury on 04/18/2012 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/06/2013 for reports of pain and weakness in her hands, elbows and shoulder with rare numbness. The exam noted tenderness over the right carpal tunnel scar with slight lateral epicondylar tenderness bilaterally. The impingement sign was unequivocal in the shoulders bilaterally. The Tinel's sign and Phalen's tests were unequivocal at the carpal tunnels bilaterally. A diminished grip strength was noted. The diagnoses included status post bilateral carpal tunnel release, bilateral forearm tendonitis, bilateral lateral epicondylitis, left radial tunnel syndrome, and bilateral shoulder impingement. The treatment plan included occupational therapy, continued NSAID therapy and lotions. The request for authorization and rationale for the request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL #120G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATIONS.

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

Decision rationale: The request for Mentoderm gel #120 g is non-certified. The California MTUS Guidelines recommend the use of salicylate topical analgesics and state topical salicylate is significantly better than placebo in chronic pain. However, there is a significant lack of clinical evidence of the intended area of body for use or the efficacy of the medication. Furthermore, the frequency and dose were not provided in the request. Therefore, based on the documentation provided, the request for Mentoderm gel #120g is not medically necessary and appropriate.