

Case Number:	CM14-0016473		
Date Assigned:	04/11/2014	Date of Injury:	11/10/2011
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 Physician 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 38 year old male who was injured on 11/10/2011. Mechanism of injury is unknown. Prior treatment history has included a psychological examination regarding his depression and anxiety with this injury. He has had a trial of acupuncture twice weekly. His medications include: Naproxen, Prilosec and Methoderm Gel. Diagnostic studies reviewed include an upper extremity nerve conduction report dated 10/01/2013 revealing a normal study. PR-2 dated 12/16/2013 documented the patient to have complaints of constant moderate right wrist and hand pain associated with swelling. Diagnoses: 1) Tenosynovitis right hand/wrist. 2) Laceration of finger with tendon involvement. PR-2 dated 12/19/2013 documented the patient with complaints of pain in the right hand, which radiates up the arm. He denies re-injury. He indicated that he is depressed by his chronic pain and inability to work. He has run out of his medications. Objective findings on exam reveal there is a slight radial tenderness on the right. There is slight volar forearm tenderness on the right. There is mild tenderness over the right long finger at the PIP joint without instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MENTHODERM OINTMENT DOS: 12/19/13:

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 TOPICAL ANALGESICS, PAGES 111-113 Page(s): 111-113.

Decision rationale: The California MTUS guidelines on Topical Analgesics indicate that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It is also noted that the current request does not specify dose, quantity or frequency. The medical necessity of this request has not been established and thus recommendation is for denial.