

<b>Case Number:</b>	CM14-0119599		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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:

The injured worker is a 63 year old male who reported an injury to his left shoulder. A clinical note dated 02/27/14 indicated the injured worker complaining of left shoulder pain and decreased sensation in the hand. A mass was identified over the dorsal aspect of the right wrist. Upon exam, stiffness was moderate at the left shoulder with range of motion eliciting pain. Sensation was diminished at the left index and long fingers. A cystic mass measuring 3cm was identified over the dorsal aspect of the right wrist along with minimal tenderness. Tinel sign was positive at the right cubital tunnel. Grip strength was diminished. The patient's past medical history was significant for left sided carpal tunnel release with trigger finger release. The injured worker was prescribed Mentherm gel to be applied topically on a twice daily basis. Initial consultation report dated 10/16/13 indicated the initial injury occurred when he was attempting to loosen a pipe with a kind of breaker when it slipped and crushed his left index and long fingers. X-rays revealed fractures of the distal phalanges at the left index and long fingers. The injured worker was subsequently diagnosed with complex regional pain syndrome. The injured worker underwent stellate ganglion blocks without last relief. Therapy note dated 04/23/14 indicated the injured worker completing 11 physical therapy sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm 120 gm:** 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 Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound is not medically necessary.