MAXIMUS Federal Services

Case Number:	CM14-0132008		
Date Assigned:	08/22/2014	Date of Injury:	04/17/1997
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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:

According to the records made available for review, this is a 60-year-old male with a 4/17/97 date of injury. At the time (7/16/14) of the request for authorization for Menthoderm Gel #120, there is documentation of subjective (intermittent pain in the low back and constant pain in the bilateral wrist/hand) and objective (palpable paravertebral muscle tenderness with spasm, standing flexion and extension are guarded and restricted, tenderness over the volar aspect of the wrist, positive palmar compression test with subsequent Phalen's maneuver, Tinel's sign is also positive over the carpal canal, range of motion is full but painful, and diminished sensation in the radial digits) findings, current diagnoses (carpal tunnel syndrome and lumbago), and treatment to date (medication). There is no documentation that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and lumbago. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Menthoderm Gel #120 is not medically necessary.