

Case Number:	CM14-0152568		
Date Assigned:	09/23/2014	Date of Injury:	02/01/2010
Decision Date:	11/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 52-year-old female with a 02/01/2010 date of injury. A specific mechanism of injury was not described. 8/22/14 determination was non-certified given no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. 7/22/14 follow-up report revealed worsening pain involving not only the right shoulder but the right thumb as well. The thumb had increased in size since the last evaluation. Exam revealed a very tender subdermal mass noted attached to the surgical scar of the right thumb. There was some crepitation with active thumb motion. Substantial anterior tenderness is present in the shoulder. Both Hawkins's and Neer signs were positive. There was palpable anterior subluxation involving the humeral head with both abduction and flexion of the shoulder. There is only mild tenderness over the carpal tunnel with some tenderness over Guyon's canal. Diagnoses include history of left carpal tunnel compression, left dorsal wrist ganglion cyst excision, right carpal tunnel decompression, history of right trigger thumb release, postinjury persistent right carpal tunnel syndrome with ulnar neuropathy, post injury anxiety disorder with depression, right shoulder impingement/glenohumeral instability, and post-surgical right thumb inclusion cyst with flexor tenosynovitis. There were several additional medical reports provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (medication dispensed 06/09/2014): Methoderm gel, 3 x per day for bilateral carpal tunnel syndrome, right shoulder, and trigger finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS states that Salicylate topicals are recommended. Topical salicylate (e.g., Ben-Gay, meth. Decision based on Non-MTUS Citation Drugs.com: Menthoderm is a methyl salicylate/menthol formulation.

Decision rationale: CA MTUS states that salicylate topicals are recommend and are significantly better than placebo in chronic pain. While the guidelines referenced support the topical use of mental salicylates, the requested brand name has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There was also no rationale for the necessity of a topical medication as opposed to more widely accepted oral medications. The medical necessity was not substantiated. Therefore, the request is not medically necessary.