MAXIMUS Federal Services

Case Number:	CM14-0154374		
Date Assigned:	09/24/2014	Date of Injury:	06/05/2005
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Interventional Spine, 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 patient is a 49-year-old female with an injury date of 06/06/05. Based on the 09/01/14 QME report provided by [redacted], the patient is status post bilateral carpal tunnel syndrome surgery, and complains of ongoing bilateral tunnel syndrome, neck and shoulder stiffness and back pain. Per QME report, electrodiagnostic evidence of residual carpal tunnel syndrome is noted. Physical examination revealed well healed long incisions in both palms. Range of motion was decreased in the shoulders and neck. No evidence of atrophy in either upper extremity, which showed decreased sensation. Patient remains permanent and stationary since 2010. Treater states he's not able to explain, from the orthopedic, neurological, pathological, and anatomical standpoint how she has done so poorly and been unable to work.Diagnosis 09/01/14- bilateral carpal tunnel syndrome- status post carpal tunnel syndrome surgery, date unspecifiedThe utilization review determination being challenged is dated 09/17/14. The rationale follows:1) Labs: "The request for trial labs are not known, therefore request is not certified"2) Menthoderm topical cream: "Contains menthol which has not shown to be of benefit in relieving chronic pain."[redacted] is the requesting provider and he provided treatment report dated 09/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 164, 194, 286.

Decision rationale: The patient is status post bilateral carpal tunnel syndrome surgery, and complains of ongoing bilateral tunnel syndrome, neck and shoulder stiffness and back pain. The request is for Labs. Physical examination dated 09/01/14 revealed well healed long decisions in both palms. Range of motion was decreased in the shoulders and neck. No evidence of atrophy in either upper extremity, which showed decreased sensation. Per QME report dated 9/01/14, electrodiagnostic evidence of residual carpal tunnel syndrome is noted. ACOEM chapter 8 for the neck and upper back, Master Algorithm on page 164, recommends laboratory studies if there are red flags for fracture, tumor or infection. On page 165 it says "In the absence of red flags, imaging and other tests are not usually helpful during the first four weeks of neck and upper back symptoms" Table 8-1 provides history and exam findings for fracture, tumor and infection. These would include history of direct blow to head, excessive force to neck, loss of consciousness, thrown from a vehicle. ACOEM chapter 9 for the shoulder, Master Algorithm on page 194, recommends laboratory studies if there are red flags for sub acute cardiac or circulatory disease, fracture, tumor, inflammation, hepatobiliary disease. Page 195 states the initial assessment focuses on detecting indications of potentially serious disease, termed red flags, and making an accurate diagnosis. In the absence of red flags, work-related shoulder complaints can be safely and effectively managed by occupational or primary care providers. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified- or full-duty capacity. Table 9-1 provides history and exam findings for cardiac disease, fracture, tumor. ACOEM chapter 12, low back, Master Algorithm, page286, shows labs studies are necessary if there are red flags for infection, tumor, fracture, dislocation, renal or bowel disease. Patient remains permanent and stationary since 2010. Treater states he's not able to explain, from the orthopedic, neurological, pathological, and anatomical standpoint how she has done so poorly and been unable to work. Treater has not documented reason for the request. Furthermore, the records do not document red flags and there is no history of angina or coronary artery disease, there is no cardiac exam, no history of any subdiaphragmatic condition, gallbladder or hepatitis. It does not appear that the laboratory studies are in accordance with ACOEM guidelines. Therefore the request is not medically necessary.

Menthoderm topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Salicylate topical section, MEDICATION FOR CHRONIC PAIN Page(s): 105, 60.

Decision rationale: The patient is status post bilateral carpal tunnel syndrome surgery, and complains of ongoing bilateral tunnel syndrome, neck and shoulder stiffness and back pain. The

request is for Menthoderm topical cream. Physical examination dated 09/01/14 revealed well healed long decisions in both palms. Range of motion was decreased in the shoulders and neck. No evidence of atrophy in either upper extremity, which showed decreased sensation. Per QME report dated 9/01/14, electrodiagnostic evidence of residual carpal tunnel syndrome is noted. Methyl Salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl Salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl Salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition.Menthoderm gel contains Methyl Salicylate 15.00% and Menthol 10.00%. Treater does not document how this topical is being used with what efficacy. The request is not medically necessary.