

Case Number:	CM14-0157474		
Date Assigned:	09/30/2014	Date of Injury:	04/04/2014
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 46-year-old male with date of injury of 04/04/2014. The listed diagnoses per [REDACTED] from 07/29/2014 are: 1. Status post crush injury, left hand. 2. Fracture of the finger. According to this report, the patient complains of left hand pain at a rate of 5/10 to 6/10. He reports unexpected new fingernail growth. The objective findings show left hand nails with growth extending to the nail bed of an inch. No other findings were noted on this report. The utilization review denied the request on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs Page(s): 111.

Decision rationale: This patient presents with left hand pain. The patient is status post crush injury of the left hand. The treater is requesting Menthoderm 120 mg. Menthoderm cream/gel contains methyl salicylate and menthol. The MTUS guidelines, page 111 on topical NSAIDs

states, Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment of osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. In addition, MTUS states that it is indicated for osteoarthritis and tendinitis of the knee and elbow and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. Also, topical NSAIDs are recommended for short-term use, between 4 to 12 weeks. The records show that the patient was prescribed Methoderm on 07/29/2014. In this case, while the patient presents with peripheral joint pain, but there is no documentation that it is reducing pain and improving function. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. The request is not medically necessary.