

Case Number:	CM14-0176910		
Date Assigned:	10/30/2014	Date of Injury:	03/06/2013
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 neurology, has a subspecialty in pain Medicine and is licensed to practice in Florida. 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:

3/27/14 EMG reports slight bilateral carpal tunnel syndrome with slight to moderate bilateral cubital tunnel syndrome. 6/9/14 evaluation notes left shoulder pain and increasing hip pain. Examination notes reduced range of motion in the cervical spine with positive Adson, AER and EAST tests. Rotator cuff strength is 5-/5. There are well healed arthroscopic scars. Tinel's and Phalen's signs are positive at the carpal tunnel. Diagnosis was cervical DJD, history of bilateral shoulder decompression, right carpal tunnel syndrome and bilateral cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement. Health care guidelines: Assessment and management of chronic pain. Fourth edition November 2009. http://www.icsi.org/pain_chronic

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

Decision rationale: Topical Menthoderm is not supported under MTUS for topical use. The medical records provided for review do not indicate prior conservative treatment results or

indicate failure of first line therapy including oral NSAIDs or indicate the presence of neuropathic pain condition. . MTUS notes any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As such Menthoderms ointment is not medically necessary under MTUS for treatment of the insured.