

Case Number:	CM14-0177265		
Date Assigned:	10/30/2014	Date of Injury:	10/21/2008
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old woman who sustained a work-related injury on October 21 2008. Subsequently, the patient developed with chronic bilateral wrist pain left elbow pain. According to a progress report dated on August 11, 2014, the patient was complaining of bilateral hand pain and left elbow pain. The pain severity was rated as 6/10. Previously and on August 5, 2013, the patient underwent left carpal tunnel release. However the patient still have some residual numbness and tingling in both hands bilaterally. Her physical examination demonstrated no signs of Entrapment Neuropathy. The rest of her motor examination was normal. The provider requests authorization to use topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm Gel (Date of service: 8/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Huang ZJ; Hsu E; Li HC; Rosner AL; Rupert RL; Song XJ. Topical application of compound Ibuprofen suppresses pain by inhibiting sensory neuron hyper excitability and neuroinflammation in a rat model of intervertebral foramen inflammation. J Pain. 2011; 12(1): 141-52

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

Decision rationale: Methoderm contains methyl salicylate 15percent and menthol 10percent. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Methoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Methoderm Gel is not medically necessary.