MAXIMUS Federal Services

Case Number:	CM14-0181603		
Date Assigned:	11/06/2014	Date of Injury:	05/21/2014
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 24-year-old female with a date of injury of 5/21/14. Mechanism of injury was the right upper extremity and neck being pulled when a refrigerator that the patient was pulling got its wheels suddenly stuck. The patient was diagnosed with a right wrist strain, neck/cervical strain, TFCC injury and a ganglion cyst. The patient has had conservative measures, including meds, wrist support, hot packs and PT. The patient was responding to conservative care with the initial provider and was returned to regular duty. The patient stopped working on 7/03/14 for unknown reasons, and initiated care with a new provider on 10/01/14. This provider prescribed PT, chiro, massage, ultrasound and Menthoderm. This was submitted to Utilization Review on 10/17/14. A denial of the request was recommended with rationale that this is primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 240gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 105, 111 - 113.

Decision rationale: Menthoderm is a topical cream that consists of Methyl Salicylate with Menthol. The CA MTUS states that topical salicylates (such as Ben-Gay, Methyl Salicylate) are significantly better than placebo in chronic pain, and states that they are recommended. There are no medications in this topical agent that are not guideline supported. The section in the CA MTUS on topical salicylates does not state that they are only to be used after failure of anticonvulsants and antidepressants for neuropathic pain. Medical necessity for a trial of Menthoderm was established.