MAXIMUS Federal Services

Case Number:	CM14-0036609		
Date Assigned:	06/25/2014	Date of Injury:	05/21/2012
Decision Date:	10/07/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 Family Medicine, 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 injured worker is a 61 year old female who had a work related injury on 05/21/12. She sustained an injury to her back, left knee and bilateral wrists due to a slip and fall. The most recent medical record submitted for review is dated 12/17/13. She is back in complaining of intermittent right wrist pain, numbness and tingling and weakness, aggravated by repetitive movement. She has been using braces for about 3 months. Physical examination of the bilateral wrists Jamar scores on the right is 12, 11, 13, left is 6, 7, 8. The left wrist range of motion is within normal limits. The right wrist range of motion is within normal limits. She appears her stated age. Examination of the left wrist reveals positive pain over the ulnar styloid; positive pain on wrist flexion and wrist extension; positive pain on ulnar and radial deviation of the wrist. There is a slight bony protuberance over the ulnar styloid, which is significantly tender to touch. Negative Finkelstein's. No pain over the first dorsal wrist extensor; negative axial grind test. No pain in the anatomic snuffbox region, no pain over the lateral epicondyle. No pain over the medial epicondyle. No pain over Guyon canal; positive axial grind. No evidence of any masses within the hand. Compartments are soft. No evidence of masses in the forearm. Phalen's is positive. Tinel's is positive. There is mild thenar atrophy and mild abductor pollicis brevis weakness. EMG/NCV studies of the cervical spine and upper extremities showed no acute or chronic denervation potentials in any of the muscles tested; left moderate carpal tunnel syndrome and right severe carpal tunnel syndrome. MRI of the left wrist reveals avascular necrosis of the lunate, with evidence of lunate collapse at this point old nonunion fracture of the ulnar styloid process. Diagnoses are left wrist avascular necrosis of the lunate, rule out left wrist internal derangement, left extensor carpi ulnaris tendonitis, left carpal tunnel syndrome, right carpal tunnel syndrome. Request is for Menthoderm ointment. The injured worker based on the clinical documentation submitted for review has not been seen since December of 2013.

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 ACOEM,Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain Capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.