

Case Number:	CM14-0054434		
Date Assigned:	07/09/2014	Date of Injury:	02/06/1998
Decision Date:	09/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 records, presented for review, indicate that this 57 year old gentleman was reportedly injured on February 6, 1998. The mechanism of injury is undisclosed. The most recent progress note, dated March 17, 2014, indicated that there were ongoing complaints of bilateral hand pain. The physical examination demonstrated left shoulder tenderness at the acromioclavicular (AC) joint and the greater tuberosity with a positive impingement sign, diminished sensation in both hands and tenderness over the median nerves of the wrists bilaterally, tenderness at the lateral aspect of the left elbow. Diagnostic nerve conduction studies showed recurrent right sided carpal tunnel syndrome and borderline recurrent left sided carpal tunnel syndrome as well as potential left sided cubital tunnel syndrome. Previous treatment included bilateral carpal tunnel releases. A request was made for Mentherm ointment and was not certified in the preauthorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment-date of service 3/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: Methoderm ointment is a compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the Medical Treatment Utilization Schedule (MTUS), when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Methoderm is not medically necessary.