

Case Number:	CM14-0057181		
Date Assigned:	07/11/2014	Date of Injury:	11/29/2011
Decision Date:	09/08/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 71 year old employee with date of injury of 11/29/2011. Medical records indicate the patient is undergoing treatment for status-post open reduction internal fixation and tendon repair on her left long finger (11/30/2011). On 1/18/2012, she underwent hardware removal. She has been diagnosed with left thumb stenosing tenosynovitis; mild underlying left thumb carpometacarpal osteoarthritis and status post open reduction internal fixation left long finger. Subjective complaints include increasing pain in left thumb with catching. Objective findings include grip strength at 7/5/0; tenderness over the left thumb flexor tendon sheath; palpable nodule and crepitus and slight tenderness at the left thumb carpometacarpal joint. An x-ray (no date) showed mild degenerative changes at the left thumb carpometacarpal joint. Treatment has consisted of a nerve block under ultrasound-guided needle to the left thumb; Voltaren and Methoderm gel and a spica splint. The utilization review determination was rendered on 3/29/2014 recommending non-certification of Methoderm Ointment-Retrospective request with date of service of 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Ointment-Retrospective request with date of service of 03/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." In this case, the treating physician does not document the failure of first line treatments. As such, the request for Methoderm Ointment-Retrospective request with date of service of 03/10/2014 is not medically necessary.