

Case Number:	CM14-0068593		
Date Assigned:	07/14/2014	Date of Injury:	12/20/2012
Decision Date:	09/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain 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 31 year old female who developed bilateral wrist pain secondary to cumulative trauma while working as a barista on 12/20/12. The injured worker was treated with oral medications and bracing. She at one time was believed to have carpal tunnel syndrome. Electromyography and nerve conduction studies (EMG/NCV) were negative. On physical examination dated 06/04/14, right wrist grip strength was graded 4/5, Tinel's and Phalen's signs were negative, left wrist revealed some tenderness around the thenar eminence; the remainder of the examination was grossly unremarkable. The injured worker is reported to have received benefit from Methoderm gel. However, this was not adequately quantified in the clinical records. Utilization review determination dated 04/24/14 noncertified the request for Methoderm gel 120 gram with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel 120 gm w 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Methoderm gel 120 grams with three refills is not recommended as medically necessary. The records indicate that the injured worker has subjective complaints of bilateral wrist pain. Diagnosis is listed as bilateral wrist tenosynovitis. Reports of improvement in her symptoms since being off of work with no objective findings of carpal tunnel. Topical analgesics are not supported under California Medical Treatment Utilization Schedule (MTUS) noting that the efficacy of these creams has not been established through rigorous clinical trials. As such, the medical necessity for the continuation of this medication is not established.