

Case Number:	CM14-0074828		
Date Assigned:	07/16/2014	Date of Injury:	12/02/1994
Decision Date:	08/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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:

According to the records made available for review, this is a 52-year-old female with a 12/2/94 date of injury. At the time (10/10/13) of request for authorization for Retroactive Menthoderm Gel, there is documentation of subjective (right elbow pain and pain in the left arm at the level of the neuroma radiating to the wrist) and objective (right elbow swelling, tenderness, and moderate atrophy of the flexor carpi ulnaris; left arm positive Tine sign with sensitivity over the mass in the upper arm) findings, current diagnoses (mass/neuroma of the left upper arm, complete ulnar dysfunction on the left arm, recurrent ulnar scarring of the right arm, right medial elbow pain with swelling, disruption of the left forearm flexor origin, and right ring finger tenosynovitis), and treatment to date (cortisone injection to right elbow). There is no documentation that trials 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:

Retroactive Menthoderm Gel: 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): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>.

Decision rationale: The Medical Treatment Guideline identifies Mentherm cream as a topical analgesic containing Methyl Salicylate and Menthol. The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of mass/neuroma of the left upper arm, complete ulnar dysfunction on the left arm, recurrent ulnar scarring of the right arm, right medial elbow pain with swelling, disruption of the left forearm flexor origin, and right ring finger tenosynovitis. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retroactive Mentherm Gel is not medically necessary.