

Case Number:	CM14-0081483		
Date Assigned:	07/21/2014	Date of Injury:	03/07/2010
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old female who reported injury on 03/07/2010. The mechanism of injury was cumulative trauma. The surgical procedures included a left triangular fibrocartilage complex surgery and a removal of a prior left ulnar shortening hardware, and left ulnar bone contouring. The injured worker is status post left forearm open reduction internal fixation. The diagnostic studies included an EMG/NCV on the left upper extremity. The prior treatments included medications, home exercise and physical therapy and a left wrist cast. The documentation of 02/19/2014 revealed the injured worker was status post open reduction internal fixation left forearm fracture and had on and off pain of 7/10. The injured worker had constant left elbow pain of 6/10 to 8/10. The physical objective findings were handwritten and difficult to read. The diagnosis included left status post open reduction internal fixation 11/20/2013. The treatment plan included a refill of ibuprofen 600, Prilosec and Promolaxin as well as Xanax. There was no request for authorization submitted for review.

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 Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical Salicylates Page(s): 111; 105.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. The duration of use could not be established. The request as submitted failed to indicate the frequency, quantity and strength for the requested Menthoderm. Given the above, the request for Menthoderm ointment is not medically necessary.