

Case Number:	CM14-0185722		
Date Assigned:	11/13/2014	Date of Injury:	04/30/2009
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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, 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:

This is a patient with a date of injury of April 30, 2009. A utilization review determination dated October 28, 2014 recommends non certification for Menthoderm. A progress report dated September 23, 2014 identifies subjective complaints of continued right hand/wrist pain and left shoulder pain. She reports that her medications "ease pain." Objective examination findings reveal right upper extremity weakness and tenderness to palpation over the median and dorsal wrist. Objective examination findings reveal a finger contusion, anxiety, and pain disorder. The treatment plan recommends a home exercise program, hot soaks, and medications including Librium, Fioricet, Flector patches, gabapentin, omeprazole, and ketoprofen. A report dated October 21, 2014 recommends Menthoderm instead of ketoprofen. A progress report dated April 15, 2014 indicates that Topamax was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Oin 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Methoderm, this topical compound is a combination of methyl salicylate and menthol (according to the Methoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, it is clear the patient has tried numerous NSAIDs including topical NSAIDs previously. It is unclear why those medications were discontinued. There is no indication that the patient is unable to tolerate oral NSAIDs. Additionally, guidelines do not support the long-term use of topical NSAIDs, and there is no indication of a recent flare-up or sprain/strain for which short-term topical NSAIDs may be indicated. In the absence of clarity regarding those issues, the currently requested Methoderm is not medically necessary.