

Case Number:	CM14-0193177		
Date Assigned:	11/26/2014	Date of Injury:	04/23/2013
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 & 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:

This patient sustained an injury on 4/23/13 while employed by [REDACTED]. Request(s) under consideration include Menthoderm 120gm Date of service: 07/10/14. Diagnoses include history of right thumb EIP to EPL tendon transfer on 6/7/13; post right thumb persistent extension lag. Medications list Voltaren Gel, Protonix, and Menthoderm topical. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient with chronic ongoing pain to the hand and thumb. Exam showed extension lag of thumb IP joint; no passive tenodesis effect with digit flexion; no tension in anatomic snuffbox over previous tendon transfer. Treatment included continued medications. The request(s) for Menthoderm 120gm Date of service: 07/10/14 was non-certified on 10/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm Date of service: 07/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.physiciansproducts.net

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient sustained an injury on 4/23/13 while employed by [REDACTED]. Request(s) under consideration include Mentherm 120gm Date of service: 07/10/14. Diagnoses include history of right thumb EIP to EPL tendon transfer on 6/7/13; post right thumb persistent extension lag. Medications list Voltaren Gel, Protonix, and Mentherm topical. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient with chronic ongoing pain to the hand and thumb. Exam showed extension lag of thumb IP joint; no passive tenodesis effect with digit flexion; no tension in anatomic snuffbox over previous tendon transfer. Treatment included continued medications. The request(s) for Mentherm 120gm Date of service: 07/10/14 was non-certified on 10/17/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 without documented functional improvement from treatment already rendered. The Mentherm 120gm Date of service: 07/10/14 is not medically necessary and appropriate.