

Case Number:	CM14-0193938		
Date Assigned:	12/01/2014	Date of Injury:	08/29/2013
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 patient is an injured worker with the diagnoses of right lateral epicondylitis, right carpal tunnel syndrome, and right ulnar nerve compression at the elbow. Date of injury was 08-29-2013. The patient has a history of right lateral elbow pain, with numbness and tingling in the right hand stemming. Diagnoses include right carpal tunnel syndrome, right cubital tunnel syndrome, right lateral epicondylitis, and right ulnar nerve compression at the elbow. Treatments have included consultations, diagnostic laboratories and imaging studies, nerve blocks, cortisone injections, surgery, elbow orthosis, and medications. The patient has a history of right ulnar artery thrombosis. The right ulnar artery thrombosis was surgically treated with a graft on 6/16/10. Electromyography and nerve conduction study of the bilateral upper extremities dated 8/8/2014 was noted to be abnormal. The study showed bilateral carpal tunnel syndrome. There was no evidence of ulnar and radial neuropathy or significant cervical radiculopathy. The progress report dated 10/7/2014 note subjective complaints of coldness and pain to his right lateral elbow and hand. Objective findings of the right elbow included positive Tinel's sign, positive elbow flexion test, and tenderness over the lateral and medial aspects. Objective findings of the right wrist demonstrated positive Tinel's sign and positive Phalen's test. Grip strength was decreased on the right along with decreased sensation in all fingers. Medical history included arthroscopic right shoulder subacromial decompression surgery in 2006. The primary treating physician's progress report dated 10/7/14 documented the diagnoses of right lateral epicondylitis, right carpal tunnel syndrome, and right ulnar nerve compression at the elbow. The treatment plan included cortisone injections. Dispensed medications included Voltaren 100 mg twice a day, Prilosec, and Mentherm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive request for Methoderm gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): (s) 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 111-113, 67-73. Decision based on Non-MTUS Citation <http://www.physiciansproducts.net/product/methoderm/> <http://www.drugs.com/cdi/methoderm-cream.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Methoderm contains Methyl Salicylate (NSAID) and Menthol. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The patient has a history of ulnar artery thrombosis which was surgically treated with a graft in June 2010. Per MTUS, all NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction and stroke. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. MTUS guidelines do not support the use of the topical NSAID Methyl Salicylate. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the use of topical Methoderm is not supported. Therefore, the request for Methoderm gel 120gm is not medically necessary.