

Case Number:	CM14-0199086		
Date Assigned:	12/08/2014	Date of Injury:	09/08/2013
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 55-year-old woman with a date of injury of 09/08/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/22/2014, 07/30/2014, 08/27/2014, and 09/24/2014 indicated the worker was experiencing left hand and wrist pain, left shoulder pain that goes into the left arm, and arm numbness and tingling with weakness. Documented examinations consistently described tenderness in the wrists and decreased sensation in fingers two and three. The submitted and reviewed documentation concluded the worker was suffering from left wrist and finger flexor tendonitis. Treatment recommendations included oral and topical medications, a functional restoration program, and a home exercise program. A Utilization Review decision was rendered on 10/31/2014 recommending non-certification for an unlimited supply of Methoderm for the left hand and fingers for the date of service 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Methoderm for the left hand and fingers DOS 9/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methyl salicylate 15%) and general pain reliever (menthol 10%) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that support the use of this compound in this setting. In the absence of such evidence, the current request for an unlimited supply of Methoderm for the left hand and fingers for the date of service 09/24/2014 is not medically necessary.