

Case Number:	CM14-0204147		
Date Assigned:	12/16/2014	Date of Injury:	11/19/2010
Decision Date:	02/06/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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 injured worker is a 27 year old female with a date of injury of November 19, 2010. Results of the injury include increased pain in the neck and in the shoulders which radiates into the arms with occasional numbness. Diagnosis include bilateral thoracic outlet syndrome, trapezial, paracervical and parascapular strain, bilateral radial tunnel syndrome, bilateral forearm tendinitis, status post revision right carpal tunnel release with ulnar nerve decompression at the right wrist, status post left carpal tunnel release with ulnar nerve decompression at the right wrist, and resolved left cubital tunnel syndrome. Treatment included Prilosec, menthoderm, and tramadol. Progress report dated October 15, 2014 noted a slight trapezial, paracervical, parascapular, and brachial plexus tenderness bilaterally. There was slight radial tunnel tenderness bilaterally. Treatment plan was for physical therapy to work stretching modalities and postural strengthening, non-steroidal anti-inflammatories, lotions, and pain medications. Utilization review dated November 7, 2014, stated the request for Retrospective Menthoderm coverage was not medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm Qty: unspecified DOS 10-15-2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: Methoderm contains methyl salicylate and menthol. It is sold over the counter and marketed for the temporary relief of musculoskeletal aches and pains. Topical analgesics when used to treat chronic pain are considered experimental, because there are no clinical trials that show benefit above that of a placebo. They may be medically indicated to treat neuropathic pain, after trials of antidepressants and anticonvulsants have been tried and failed. Methoderm contains menthol, which is not recommended to treat chronic pain. Methyl salicylate is an NSAID, which is not medically indicated when used topically. Methoderm is not medically indicated for this patient.