

<b>Case Number:</b>	CM14-0209095		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 a history of bilateral wrist and hand complaints. Date of injury was January 28, 2012. The progress report dated August 28, 2014 documented subjective complaints of left wrist pain, numbness, tingling, and weakness. He complains of right wrist pain, numbness, tingling, and weakness, radiating to fingers. Objective findings were documented. The left wrist ranges of motion are within normal limits. The right wrist ranges of motion are within normal limits. Diagnoses were left carpal tunnel syndrome, left DeQuervain's disease, and right carpal tunnel syndrome. The treating physician's progress report dated October 2, 2014 documented subjective complaints of bilateral wrist pain, numbness, tingling, and weakness. Diagnoses were left carpal tunnel syndrome, left DeQuervain's disease, and right carpal tunnel syndrome. Treatment plan was documented. The patient was advised to continue wrist brace, Norco, Ibuprofen 800 mg, Naproxen 550 mg, Prilosec, and Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm ointment, DOS: 11/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**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 Mentherm

<http://www.physiciansproducts.net/product/mentherm/>

<http://www.drugs.com/cdi/mentherm-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. Mentherm contains Methyl Salicylate (NSAID) and Menthol. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Mentherm contains the NSAID Methyl Salicylate. The patient was prescribed Ibuprofen 800 mg, Naproxen 550 mg, and Mentherm. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. 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 Mentherm is not supported by MTUS guidelines. Therefore, the request for Mentherm ointment, DOS: 11/5/14 is not medically necessary.