

Case Number:	CM15-0102113		
Date Assigned:	06/04/2015	Date of Injury:	08/11/2011
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40-year-old female, who sustained an industrial injury on 8/11/11. She reported dropping thing from her right hand. The injured worker was diagnosed as having status post right and left carpal tunnel release, right side medial epicondylitis and lateral epicondylitis and right extensors tendinitis. Treatment to date has included right and left carpal tunnel release, physical therapy, topical medications and home exercise program. Currently, the injured worker complains of numbness, tingling and pain radiating for the base of the thumb towards the elbow. She may return to modified work. Physical exam noted tenderness in medial as well as inferior border of right scapula and right trapezius to deep palpation; tenderness is also noted on lateral epicondyle of right elbow and weakness of grip and grasp on right side is also noted. A request for authorization was submitted for Menthoderm ointment #120mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm, quantity 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The claimant was on Methoderm for several months. There was no indication of failure of 1st line medications or the above diagnoses. The continuation of Methoderm beyond 1 month exceeds the trial period recommended above. Therefore, the continued use of Methoderm is not medically necessary.