

<b>Case Number:</b>	CM15-0137603		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 62 year old male, who sustained an industrial injury on October 5, 2006. He reported pain in both hands radiating into the arms. The injured worker was diagnosed as having bilateral forearm tendinitis, bilateral radial tunnel syndrome, cervical radiculopathy/arthrosis, Trapezial, paracervical and parascaular strain, left shoulder impingement, status post right ASAD, status post bilateral carpal tunnel releases, status post right index and long trigger finger releases and status post left lateral epicondylar repair. Treatment to date has included diagnostic studies, surgical intervention of the wrists, right hand and left elbow, conservative care, medications and work restrictions. Currently, the injured worker reports continued pain in the hands radiating into the arms. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 30, 2014, revealed continued pain as noted. A positive Spurling's test was noted on the right, pain with range of motion, impingement sign on the left and negative Tinel's and Phalan's tests on the right. It was noted he was on chronic blood thinner therapy and was instructed to avoid non-steroidal anti-inflammatories. A topical analgesic was recommended. Methoderm Ointment 240 gm was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Ointment 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C  
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**Decision rationale:** This claimant was injured many years ago in 2006, with bilateral forearm tendinitis, report bilateral radial tunnel syndrome, and several other musculoskeletal complaints and conditions. Because he is on a chronic blood thinner, he was instructed to avoid all non-steroidal anti-inflammatories. Methoderm however is a combination of an NSAID (methyl salicylate) and menthol. This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. Further, the salicylate is an NSAID, and it is absorbed, which violates the provider's direction of no exposure to salicylates due to the blood thinning medicine. The request is not medically necessary.