

Case Number:	CM15-0146775		
Date Assigned:	08/07/2015	Date of Injury:	08/25/2011
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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: North Carolina

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 49 year old female who sustained an industrial injury on 8-25-11. The mechanism of injury was unclear. She currently complains of significant pain, stiffness and weakness in the left shoulder; intermittent numbness in the right hand and rare numbness in the left hand. On physical exam there was mild trapezial and paracervical tenderness; left shoulder range of motion was decreased. Medications were Prilosec, ibuprofen, Colace, Menthoderm Gel. Diagnoses include status post open left rotator cuff repair with excision of the distal clavicle; status post bilateral carpal tunnel releases; left medial epicondylitis; right wrist pillar pain; bilateral forearm tendinitis; resolved left lateral epicondylitis; resolved shoulder impingement; right index, long and ring finger stenosing tenosynovitis. Treatments to date include physical therapy; three corticosteroid injections to the right carpal tunnel with temporary relief; nerve blocks to the right index, ring and middle fingers followed by injections of Celestone and Marcaine. Diagnostics include electrodiagnostic testing (8-5-14) showing subtle slowing of the median nerve at the left carpal tunnel and ulnar nerve at the left elbow; x-ray of the left shoulder revealed excision of the distal clavicle without other significant abnormalities. In the progress note dated 4-14-15 the treating provider's plan of care included a retrospective request for Menthoderm Gel 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm gel 120 units (DOS: 04-14-2015): 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 Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.