

Case Number:	CM15-0162748		
Date Assigned:	08/31/2015	Date of Injury:	07/29/2009
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 56 year old female, who sustained an industrial injury on 7-29-2009. The mechanism of injury is not described. The current diagnoses are left carpal boss with fourth dorsal compartment extensor tenosynovitis, trapezial and paracervical strain, rule out left rotator cuff tear, bilateral hand flexor tenosynovitis, status post C5-C7 discectomy and fusion, status post right cubital tunnel release, status post revision right carpal tunnel release, and status post left carpal tunnel release times 2. According to the progress report dated 8-6-2015, the injured worker complains of increasing pain and swelling in the dorsal aspect of her left wrist. The pain radiates up into the left shoulder and neck. The level of pain is not rated. The physical examination reveals positive impingement sign in the left shoulder, slight trapezial and paracervical tenderness on the left, mild swelling and slight tenderness over the left fourth dorsal compartment and carpal boss, and decreased grip strength on the left. The current medications are Voltaren, Prilosec, and Methoderm gel. There is documentation of ongoing treatment with Methoderm gel since at least 12-5-2013. Treatment to date has included medication management, splinting, therapy, electrodiagnostic testing, cortisone injections, and surgical intervention. Work status is described as working regular duty with the following restrictions: No heavy, repetitive, or forceful use of the hands. A request for retrospective Methoderm gel has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm gel 360 gm dispensed on 4/28/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. There is reported use of menthoderm since 2013 but the medical records do not indicate specific functional gain in support of continued treatment with the agent. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS, therefore is not medically necessary.