

Case Number:	CM15-0200067		
Date Assigned:	10/15/2015	Date of Injury:	04/07/2014
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/12/2015

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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female, who sustained an industrial injury on 4-7-2014. The injured worker is undergoing treatment for carpal tunnel syndrome and myalgia and myositis. Medical records dated 6-26-2015, 7-10-2015, 7-17-2015 9-8-2015 indicate the injured worker complains of right wrist, hand and elbow pain radiating to right shoulder and neck and unchanged. She describes it as constant and severe with numbness and tingling with weakness in the hands. Pain is rated 10 out of 10 at worst and 5 out of 10 at best. Physical exam dated 9-8-2015 notes the injured worker "appears in pain." She is unable to don and doff her shoes independently. Treatment to date has included carpal tunnel surgery, acupuncture, physical therapy, Tramadol, Gabapentin, and wrist brace. The original utilization review dated 9-18-2015 indicates the request for Menthoderm joint. 15% 120 grams X 2 bottles is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm oin 15% #120 grams x 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary. Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." *International journal of sports physical therapy* 7.3 (2012): 314. Menthol does not provide significant improvements in functional status for patients with knee arthritis. Not medically necessary.