

<b>Case Number:</b>	CM15-0206530		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, 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 43 year old male who sustained an industrial injury 06-15-12. A review of the medical records reveals the injured worker is undergoing treatment for left carpal tunnel syndrome. Medical records (09-21-15) reveal the injured worker complains of an upset stomach due to ibuprofen. On 08-12-15, the injured worker complained of numbness and tingling of his distal phalanges, "increased pain and weakness." The pain is not rated. The physical exam (09-21-15) reveals positive Durkan's and Tinnel's. Prior treatment includes physical therapy, bracing, non-steroidals, Norco, topical creams including Methoderm and Terocin patches, and omeprazole. The treating provider (09-21-15) reports the request for a one month trial of Methoderm cream and authorization for Avalin patches as well as electrodiagnostic studies of the left upper extremity. The original utilization review (09-28-15) non certified the request for Methoderm 100mg, Avalin patches #30, and electrodiagnostic studies of the left upper extremity. The documentation supports the injured worker has been on Methoderm cream since at least 06-29-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Cream 120 MG (Prescribed 9/21/15): Upheld**

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

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

**Decision rationale:** The request is for Methoderm, a compounded product containing methyl salicylate and menthol. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. There is little to no research to support the use of many of these agents. Topical agents are primarily used as an option when there have been trials and failures of first-line agents (antidepressants, anticonvulsants) in treating neuropathic pain. Neither component in this product is specifically recommended by MTUS for topical use. Therefore the request is not medically necessary or appropriate.

**Avalin Patches #30 (Prescribed 9/21/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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:** The request is for Avalin patches, a topical analgesic agent that contains Lidocaine and Menthol. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled studies to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product containing at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only approved for use in a Lidoderm patch. This product also contains Menthol, which is not recommended. Therefore the request is not medically necessary or appropriate.

**EMG LUE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This is a 43 year-old patient with left carpal tunnel syndrome requesting a repeat of Electrodiagnostic studies (EDS) of the left upper extremity. Appropriate EDS may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome, however these studies may be normal in early/mild cases. In this case, the patient has had previous EDS and it is unlikely that repeating the EDS would result in a different diagnosis. A medical report dated 9/21/2015 does not document any progressive neurologic symptoms to warrant a repeat study. Therefore the request is not medically necessary or appropriate.