

Case Number:	CM15-0029339		
Date Assigned:	02/23/2015	Date of Injury:	02/26/2013
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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

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 41 year old female with an industrial injury dated 02/26/2013. Her diagnoses include chronic right shoulder subacromial impingement syndrome and partial rotator cuff tear, chronic right wrist sprain, and probable extensor carpi ulnaris tenosynovitis, rule out subluxation. Recent diagnostic testing has included electrodiagnostic study (12/23/2014) showing evidence of right sensorimotor median mono-neuropathy consistent with right moderate carpal tunnel syndrome, and left sensorimotor median mono-neuropathy consistent with left severe carpal tunnel syndrome, x-rays of the right shoulder (11/12/2014), MRI of the right shoulder (no date) showing a right rotator cuff tear. Previous treatments have included conservative care, medications, and cortisone injections. In a progress note dated 12/30/2014, the treating physician reports continued right shoulder pain, right ulnar wrist pain, and upper extremity numbness that is worse on the left than the right. The objective examination revealed restricted range of motion in the right upper extremity, positive right shoulder impingement sign, and tenderness to deep palpation over the right dorsoulnar wrist. The treating physician is requesting Methoderm gel which was denied by the utilization review. On 02/06/2015, Utilization Review non-certified a prescription for Methoderm gel 120gm with 2 refills (retrospective request), noting the lack of documented significant reduction in pain, change in VAS (visual analogue scale) score or objective measures of functional improvement. The MTUS Guidelines were cited. On 02/18/2015, the injured worker submitted an application for IMR for review of retrospective request for Methoderm gel 120gm with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm Gel 120g refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anagesics Page(s): 111 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 111-113.

Decision rationale: Mentherm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Mentherm Gel. Retrospective Mentherm Gel 120g refills: 2 is not medically necessary.