

Case Number:	CM15-0029441		
Date Assigned:	02/23/2015	Date of Injury:	11/03/2013
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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 37-year-old female who sustained an industrial injury on 11/03/2013. Current diagnoses include contusion of thumb, pain in left arm, and medial epicondylotomy. Previous treatments included medication management, physical therapy, and elbow injection, left elbow surgery on 01/30/2015. Report dated 02/23/2015 noted that the injured worker presented with complaints that included head, neck, left shoulder, left arm, left elbow, left wrist, and left hand pain with numbness, tingling, and weakness. Physical examination was positive for abnormal findings. Medication regimen included diclofenac, Naproxen, Tramadol ER, omeprazole, gabapentin, Methoderm, Terocin patches, and cyclobenzaprine. Utilization review performed on 01/20/2015 non-certified a prescription for menthoderm gel-retrospective request, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm, provided on November 24, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Menthoderms 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 Menthoderms Gel. Menthoderms Gel is not medically necessary.