

Case Number:	CM15-0054732		
Date Assigned:	03/30/2015	Date of Injury:	10/22/2013
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey

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 58 year old female, who sustained an industrial injury on 10/22/13. She reported right wrist pain. The injured worker was diagnosed as having lumbosacral sprain/strain, lumbar muscle spasm, rule out lumbar radiculitis versus radiculopathy, right shoulder sprain/strain, right shoulder adhesive tendinitis, right elbow sprain/strain, right wrist sprain/strain, right knee sprain/strain, rule out right inguinal hernia, status post trigger finger surgery of right hand, difficulty breathing, lateral epicondylitis of right elbow, lumbar disc protrusion with nerve root compromise and bilateral moderate carpal tunnel syndrome. Treatment to date has included right carpal tunnel release, acupuncture, physical therapy, oral anti-inflammatories and home exercise program. Currently, the injured worker complains of constant severe low back pain, heaviness and numbness with constant achy, stabbing right shoulder pain and heaviness, frequent right wrist pain and cramping and right inguinal pain and heaviness. Physical exam dated 2/5/15 revealed decreased lumbar range of motion; decreased sensation of right upper and lower extremity, tenderness to palpation is noted of lateral elbow and lateral epicondyle and tenderness with scars post-surgical at the palmar aspect of the right hand. The treatment plan consisted of continuing oral medications, physical therapy and evaluation for surgery of right shoulder. A request for authorization dated 1/22/15 requested Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120 grams (no quantity) no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical salicylates, such as methyl salicylate, are significantly better than placebo in chronic pain and are recommended, considering their low risk. However, in order to justify continuation chronically, there needs to be evidence of functional benefit. In the case of this worker, Mentoderm was recommended and used and later requested for continuation. However, after reviewing the notes available for review, there was no report made in the documentation detailing functional gains and measurable pain reduction directly and independently related to the Mentoderm use. Therefore, it cannot be recommended and will be considered medically unnecessary due to lack of evidence of benefit.