

Case Number:	CM15-0081007		
Date Assigned:	05/01/2015	Date of Injury:	09/13/2012
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 40 year old male with an industrial injury dated 9/13/2012. The injured worker's diagnoses include right wrist and thumb strain with residual pain and stiffness, status post right wrist carpal tunnel release on 5/15/2014 and right cervical radiculopathy. Treatment consisted of MRI of cervical spine dated 2/24/2015, nerve conduction studies of the bilateral upper extremities dated 12/16/2014, physical therapy and periodic follow up visits. In a progress note dated 1/28/2015, the injured worker reported constant right wrist pain rated a 4/10 with associated weakness, tingling, numbness and aches. The injured worker also reported right thumb pain and swelling and neck pain radiating down right arm. Objective findings revealed minimal swelling of right wrist and thumb, tenderness to palpitation of right wrist and decrease range of motion with pain of the cervical spine. The treating physician prescribed services for range of motion and Methoderm gel 120gm now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Range of motion.

Decision rationale: Pursuant to the Official Disability Guidelines, one prospective range of motion is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are right wrist and thumb sprain with residual pain and stiffness; status post right wrist carpal tunnel release May 15, 2014 and right cervical radiculopathy. The request for authorization is dated April 1, 2015. The most recent progress note in the medical records dated January 28, 2015. There are no contemporaneous progress notes on or about the date of request for authorization. Subjectively, according to the January 28, 2015 progress note, the injured worker complains of right wrist pain 4/10 weakness, tingling and numbness and tenderness of the right thumb with swelling status post carpal tunnel release May 2014. The injured worker complains of neck pain down the right arm. Objectively, there was minimal swelling right wrist and thumb with full range of motion. Range of motion testing should be part of the routine musculoskeletal evaluation. This request has been denied on multiple occasions with the same denial rationale. Consequently, absent clinical documentation for the contemporaneous progress note on or about the date of authorization with guideline non-recommendations for range of motion testing, one prospective range of motion is not medically necessary.

Menthoderm gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Menthoderm gel 120gms is not medically necessary. Menthoderm contains methyl salicylate and menthol. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working

diagnoses are right wrist and thumb sprain with residual pain and stiffness; status post right wrist carpal tunnel release May 15, 2014 and right cervical radiculopathy. The request for authorization is dated April 1, 2015. The most recent progress note in the medical records dated January 28, 2015. There are no contemporaneous progress notes on or about the date of request for authorization. Subjectively, according to the January 28, 2015 progress note, the injured worker complains of right wrist pain 4/10 weakness, tingling and numbness and tenderness of the right thumb with swelling status post carpal release May 2014. The injured worker complains of neck pain down the right arm. Objectively, there was minimal swelling right wrist and thumb with full range of motion. Topical salicylates (a topical nonsteroidal anti-inflammatory drug) are not FDA approved for topical use. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. Any compounded product that contains at least one drug (topical salicylate) that is not recommended. Consequently, Methoderm gel is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Methoderm gel #120gms is not medically necessary.