

Case Number:	CM15-0235886		
Date Assigned:	12/11/2015	Date of Injury:	11/19/2013
Decision Date:	01/21/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/02/2015

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: Texas, Illinois

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 56 year old female who sustained an industrial injury on 11/19/2013. Medical records indicated the worker was treated for right shoulder rotator cuff syndrome, right lateral epicondylitis, right carpal tunnel syndrome, and cervical radiculitis. In the provider notes (10-13-2015) the injured worker complains of constant pain in the neck, right shoulder, right elbow, right wrist and right hand with radiation to the right arm. She reports no changes since last appointment. The pain is constant infrequency and moderate intensity and associated with tingling and numbness in the right hand, as well as weakness in the right arm and right hand. She reports of pain in the left contralateral shoulder with limited motion and left arm weakness as a result of overuse. On a scale of 0-10, the worker rates the severity of pain as a 7, a 4 at its best, and an 8 at its worst. Pain is relieved with medications and rest. On examination of the cervical spine, the worker has full range of motion in all planes. There is tenderness to palpation over the right superior trapezius. She has no spinous process tenderness or masses palpable along the cervical spine. She has a positive Spurling's maneuver on the right. Examination of the bilateral shoulders reveals normal range of motion. She has tenderness to palpation over the anterior and posterior aspects of the shoulder, a positive Hawkin's test and crossed arm adduction on the right with tenderness to palpation over the lateral epicondyle. There are no deficits noted in muscle bulk and strength bilaterally. Sensory exam shows diminished sensation in the C5 dermatomes of the upper extremities. The treatment plan of care included a hand surgery consult, and prescription of topical medication. A request for authorization was submitted for: Menthoderm 15% unspecified Qty. A utilization review decision 11/03/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 15% unspecified Qty: 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 injured worker sustained a work related injury on 11/19/2013. The medical records provided indicate the diagnosis of right shoulder rotator cuff syndrome, right lateral epicondylitis, right carpal tunnel syndrome, and cervical radiculitis. Treatments requested included Mentoderm 15% unspecified Qty. Mentoderm is a topical analgesic containing methyl salicylate and menthol. The topical analgesics are largely drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not a recommended agent. The request for Mentoderm 15% unspecified Qty is not medically necessary.