

<b>Case Number:</b>	CM14-0118996		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/06/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64 year old female who was injured on 03/06/07 when she tripped and fell injuring her right knee, fracturing her right wrist, and injuring her left hand. She underwent an open reduction and internal fixation of the right wrist, but continued to have bilateral thumb pain with the left being worse than the right. The clinical note indicated the injured worker underwent a left thumb arthroplasty on 03/05/14. Current diagnoses include status post left thumb carpal metacarpal arthroplasty with tendon transfers and right thumb carpal metacarpal degeneration and instability. The clinical note dated 06/19/14 indicated the injured worker complains of pain at the base of the right thumb. She reports significant improvement on the left side with less pain and better function. Physical examination revealed tenderness at the right thumb carpal metacarpal joint with a positive carpal metacarpal grind test and crepitus. There is less tenderness at the base of the left thumb carpal metacarpal joint with excellent stability. The injured worker was given a nerve block to the right medial nerve followed by an injection to the right radial wrist and thumb carpal metacarpal joint. The injured worker is also on therapy for her left hand. Medications include Norco, Tramadol ER 150mg, and Methoderm gel 120 grams. The previous request for Methoderm gel dispensed on 06/19/14, quantity #1 was non-certified on 07/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel dispensed 06/19/14 Qty# 1: 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:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Menthoderm is a compound known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than the placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Menthoderm Gel dispensed 06/19/14 Qty# 1 cannot be recommended as medically necessary.