

Case Number:	CM14-0131404		
Date Assigned:	08/20/2014	Date of Injury:	04/24/2003
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 53-year-old male with a date of injury of 04/24/2003. The listed diagnosis per [REDACTED] is status post revision right carpal tunnel release with hypothenar flap on 05/05/2014. According to progress report 07/02/2014, the patient complains of pain and numbness in his wrist. Examination of the upper extremities revealed wound is well healed without evidence of infection. There is slight tenderness over the right carpal tunnel scar, and sensation is slightly diminished in the right long and ring fingers. Grip strength is diminished. Patient's medication regimen includes Voltaren 100 mg #60 and topical analgesic creams 120 g. This is a request for diclofenac sodium ER 100 mg #60 and Methoderm ointment. Utilization review denied the request on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 07/22/14 Diclofenac Sodium ER 100mg (quantity unknown): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67, 68.

Decision rationale: The treater is requesting diclofenac sodium ER 100 mg. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first line of treatment. Review of the medical file indicates the patient was prescribed Norco following his surgery. On 07/02/2014, the treater dispensed diclofenac sodium ER 100 mg. It appears this is an initial request for diclofenac sodium ER. In this case, given patient's continued pain, the request is medically necessary.

(Retro) DOS 07/02/14 Mentherm Ointment: 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, Non-steroidal antiinflammatory agents (NSAIDs), Baclofen, Gabapentin, Ketamine.

Decision rationale: The treater is requesting Mentherm ointment for topical application. Utilization review denied this request stating, "Without documentation of objective functional benefit with medication use, the medical necessity of this medication is not established." Mentherm gel contains menthol and methyl Salicylate, and NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. Medical records provided for review does not indicate the patient has any peripheral joint arthritis or tendinitis. This medication is not indicated for neuropathic or myofascial pain. The request is not medically necessary.