

Case Number:	CM14-0146319		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2013
Decision Date:	10/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, 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 35-year-old female who reported an injury on 07/23/2013. The injured worker was director of quality assurance when she reported bilateral upper extremity injury. She sustained injuries to her bilateral wrists with some radiation into the bilateral forearms, bilateral trapezius, and rhomboid muscle areas with numbness and tingling sensation affecting all the digits of both hands. The injured worker's treatment history included Voltaren gel, physical therapy, occupational therapy, and pain medications. The injured worker had an EMG/NCV study of the bilateral upper extremities on 01/08/2014 with entirely normal results with no evidence of carpal tunnel or radiculopathy. The injured worker was evaluated on 08/28/2014 and it was documented the injured worker complained of pain in the wrist. Physical examination revealed left wrist tenderness, sensation, motor strength, flexes, and range of motion were intact. Medications included Naprosyn 550 mg, Omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg, and Methoderm gel for numbness. Diagnosis included myofascial pain syndrome and repetitive strain injury. The Request for Authorization dated 07/31/2014 was for Methoderm gel (Methyl Salicylate 15%/Menthol 10%), 2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm (Methyl Salicylate 15%/Menthol 10%) 2 bottles: 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
Menthoderm, Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics 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 is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The request that was submitted failed to include location where the injured worker is supposed to use the topical analgesics, and frequency of medication. As such, the request for 2 bottles of Mentoderm (Methyl Salicylate 15%/Menthol 10%) is not medically necessary.