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| Case Number: | CM14-0183911 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 02/29/1996 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 female, age unknown, with an injury date of 02/29/96. Based on the 07/08/14 progress report provided by treating physician, the patient complains of pain at the base of both thumbs and right elbow. Physical examination revealed tenderness to CMC joints with positive CMC grind test and crepitus; slight tenderness over right medial elbow. Patient medications include Ibuprofen, Methoderm gel and Prilosec. She is working full duty. Diagnosis 07/08/14 are: Status post revision right ulnar nerve transposition; Bilateral thumb CMC synovitis, instability and degeneration; Status post bilateral carpal tunnel releases; Status post bilateral ulnar nerve transpositions; Status post right lateral extensor origin repair; Status post arthroscopic debridement left wrist. The utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 06/03/14 - 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x1, [Methoderm ointment, 120g, gel]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medication for Chronic Pain, Salicylate topical section, Ben-Gay Page(s): 60.

Decision rationale: Patient presents with pain at the base of both thumbs and right elbow. The request is for meds x 1 (Menthoderm Ointment, 120G, gel). Patient is status post bilateral carpal tunnel releases, bilateral ulnar nerve transpositions, right lateral extensor origin repair, and arthroscopic debridement left wrist. Patient's diagnosis on 07/08/14 was bilateral thumb CMC synovitis, instability and degeneration. Physical examination on 07/08/14 revealed tenderness to CMC joints with positive CMC grind test and crepitus. Slight tenderness over right medial elbow. Regarding topical analgesics, MTUS, pages 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. The provider has not provided reason for the request. He does not explained how this topical is being used and specifically for which body part. There is no documentation that Mentoderm has been helpful in terms of pain and function. MTUS page 60 require recording or pain and function when medications are used for chronic pain. Given the lack of documentation regarding efficacy of topical product in reducing the patient's pain and improving function, therefore, this request is not medically necessary.