

Case Number:	CM14-0048412		
Date Assigned:	07/07/2014	Date of Injury:	07/01/2007
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Florida. 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 55-year-old female who reported injury on 07/01/2007. The mechanism of injury was not provided. Prior treatments included a carpal tunnel release and thumb release and occupational therapy. The injured worker's prior medications included topical preparations including Terocin and Methoderm. Medications were in use starting 06/13/2013. The documentation of 10/08/2013 revealed the injured worker continued to have occasional numbness in her left hand and had pain in her left elbow. The medications included Methoderm Gel 120 g. The documentation indicated the injured worker would benefit from a non-steroidal anti-inflammatory lotion. Subsequent documentation of 11/19/2013 revealed the injured worker had complaints of pain and intermittent numbness in her hands that radiated up to the right shoulder. The impingement sign was equivocal in the right shoulder, and Tinel's sign was equivocal at the cubital tunnels bilaterally. The Tinel's and Phalen's test were equivocal at carpal tunnels bilaterally. The elbow flexion test was positive bilaterally. The grip strength was noted to be diminished. The treatment plan included Methoderm Gel to be applied topically BID #120 g. The documentation indicated the injured worker should continue with her anti-inflammatory medication. The documentation of 01/07/2014 revealed the injured worker was having persistent pain and numbness in the hands and was working light duty. The documentation indicated the injured worker should continue non-steroidal anti-inflammatory lotion, Methoderm Gel to be applied topically twice a day #120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Mentherm ointment (duration unknown) for the bilateral arms and wrists; 10/8/2013, 11/19/2013, 1/7/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111; 105.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 injured worker had utilized topical medications since at least 06/2013. There is lack of documentation of objective functional benefit and an objective decrease in pain with use of the medication. The request as submitted failed to indicate the frequency, duration, and quantity of medication being requested. Given the above, the request for RETRO: Mentherm ointment (duration unknown) for the bilateral arms and wrists; 10/8/2013, 11/19/2013, 1/7/2014 is not medically necessary.