

Case Number:	CM14-0089793		
Date Assigned:	09/10/2014	Date of Injury:	10/15/2004
Decision Date:	10/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 49-year-old female with a date of injury of 10/15/2004. The listed diagnoses per [REDACTED] are: History of bilateral carpal tunnel syndrome with lateral epicondylitis. 2. Status post staged bilateral carpal tunnel decompression. 3. Persistent bilateral lateral epicondylitis with left shoulder tendinopathy. According to progress report 05/15/2014, the patient presents with continued bilateral upper extremity complaints. She has noticed a significant decrease in pain involving her left elbow after a platelet-rich plasma injection. The right elbow continues to be associated with moderate discomfort. Examination revealed tenderness over the left lateral epicondyle and swelling. Tinel's and Phalen's signs are both negative. Treater is requesting Methoderm 120 gm to be applied 3 times daily as directed. Utilization review denied the request on 06/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentoderm,(for bilateral wrist) Date of service 04/17/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 1-127, 111-113.

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

Decision rationale: This patient presents with continued upper extremity complaints. The treater is requesting Mentoderm 120 gm to be applied 3 times daily for the bilateral wrists. The treater states this medication is provided to "attenuate the requirement for oral antiinflammatory and pain medication." Mentoderm gel contains menthol and methyl salicylate, and NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. Medical records provided for review does not indicate the patient has peripheral joint arthritis or tendonitis. This medication is not indicated for neuropathic or myofascial pain. Recommendation is for denial.