

Case Number:	CM14-0213297		
Date Assigned:	12/30/2014	Date of Injury:	10/04/2013
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 23 year old male with an injury date of 10/04/13. Based on the 09/30/14 progress report, the patient complains of left forearm and left hand pain with numbness/spasm in the fingers. The patient has a decreased left grip strength, decreased sensation in his left arm, and increased spasm to the forearm. The 10/28/14 report states that the patient continues to have numbness in his left hand, spasms in his left forearm, and trophic change in his forearm. The 11/03/14 report indicates that he rates his left arm and hand pain as an 8-9/10. He has a limited and painful left wrist range of motion. The patient's diagnoses include the following: 1. Left forearm sprain 2. Limb pain The utilization review determination being challenged is dated 12/08/14. Treatment reports are provided from 02/19/14- 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel 120gm with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical; Topical Analgesics Page(s): 115; 111-113.

Decision rationale: The patient presents with left forearm and left hand pain with numbness/spasm in the fingers. The request is for MENTHODERM GEL 120 GM WITH 2 REFILLS. The patient has been using Menthoder gel as early as 09/30/14. Menthoder gel contains methyl salicylate 15% and methyl 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS chronic pain medical treatment guidelines page 105, for Salicylate topicals states: Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded. In this case, the patient has numbness in his left hand, spasms in his left forearm, trophic change in his forearm, a limited and painful left wrist range of motion, and rates his left arm and hand pain as an 8-9/10. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. The treating physician does not address pain reduction or functional improvement with use of this topical. Therefore, the requested Menthoder Gel IS NOT medically necessary.