MAXIMUS Federal Services

Case Number:	CM15-0011289		
Date Assigned:	01/28/2015	Date of Injury:	08/11/2011
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female, who sustained an industrial injury on 8/11/2011. On 1/20/15, the injured worker submitted an application for IMR for review of Menthoderm gel local application q 12 hrs #120gm. The treating provider has reported the injured worker complained of severe right elbow and right wrist pain described as numbness, tingling and spasms in hand and forearm bilaterally. She is 33 weeks pregnant and uses Tylenol and ointments to reduce pain. The diagnoses have included carpal tunnel syndrome, right medial epicondylitis, right extensor tendinitis. Treatment to date has included physical therapy, occupational therapy, and chiropractic therapy and has had bilateral carpal tunnel releases (undated). On 12/22/14 Utilization Review non-certified Menthoderm gel local application q 12 hrs #120gm. The MTUS Guidelines, Chronic Pain Medical Treatment Guidelines Page 105, 111 - Topical Analgesics were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel local application q 12 hrs #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 105, 111-113.

Decision rationale: Menthoderm is methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, “Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004).” However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states “Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others.” Therefore, it would be optimal to trial each medication individually.