

Case Number:	CM15-0120511		
Date Assigned:	07/01/2015	Date of Injury:	03/09/2011
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 65 year old female, who sustained an industrial injury on 3/9/11. She reported injury to right side of her face, eyes, nose, bilateral hands, left shoulder, left lower back and left hip/buttock area. The injured worker was diagnosed as having status post left thumb tenosynovectomy and mass excision, status post bilateral carpal tunnel release and hip, knee and back pain due to industrial injury. Treatment to date has included anti-inflammatories, Prilosec, bilateral carpal tunnel release and Menthoderm Gel 120 grams. (EMG) Electromyogram studies performed on 7/15/11 were felt to be normal and repeat (EMG) Electromyogram studies performed on 9/13/12 revealed severe right and moderate left carpal tunnel syndrome. Currently on 2/17/15, the injured worker complains of ongoing pain and numbness of bilateral hands, she underwent right carpal tunnel surgery on 11/30/12, similar surgery to left wrist on 6/28/13 and excision of soft tissue mass over her left thumb flexor tendon on 2/10/14. She is currently working full duty. The most recent physical exam dated 2/17/15 noted tenderness at the base of both palms and moderate swelling at the base of the left thumb. Normal sensation was noted in both hands. The treatment plan included laboratory studies and prescriptions for Menthoderm Gel and Prilosec. A request for authorization was submitted for Menthoderm Gel 120 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methoderm gel #120 gm dispensed on 2/17/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG guidelines recommended topical salicylates as an option. Methoderm is an over the counter topical gel solution. The blend of ancient natural remedies Methyl Salicylate and Menthol. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. There is no clear indication in the documentation what the Methoderm is to be utilized for, without a clear indication or site of pain the request is not medically necessary and appropriate.