MAXIMUS Federal Services

Case Number:	CM15-0123529		
Date Assigned:	07/07/2015	Date of Injury:	10/04/2014
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 19 year old female, who sustained an industrial injury on 10/4/14. She has reported initial complaints of a left wrist injury. The diagnoses have included left wrist pain, rule out carpel tunnel syndrome, and rule out left wrist De Quervain's tenosynovitis. Treatment to date has included medications, diagnostics, physical therapy, off of work, acupuncture and other modalities. Currently, as per the physician progress note dated 5/21/15, the injured worker complains of burning left wrist pain that is moderate to severe and rated 5-6/10 on pain scale with weakness , numbness and tingling and pain that radiates to the hands and fingers. She states that the symptoms persist but that her medications offer temporary relief of pain and improve her ability to have a restful sleep. The objective findings reveal that the left wrist exam shows that there is tenderness to palpation at the triangular fibrocartilage complex (TFCC), carpel tunnel and at the first dorsal extensor muscle compartment. There is decreased range of motion in the left wrist, positive Tinel's test, Phalen's test and Finkelstein's test, the sensation to light touch is diminished in the left upper extremity, and there is decreased motor strength 4/5 in the left upper extremity. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left wrist. The current medications included Deprazine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The physician requested treatment included Menthoderm 120gm (Methyl Salicylate 15%, Menthol 10%) in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm (Methyl Salicylate 15%, Menthol 10%) in cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Compound Drugs, last updated 04/30/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105.

Decision rationale: Menthoderm 120gm (Methyl Salicylate 15%, Menthol 10%) in cream base is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Menthoderm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation of intolerance to oral medications or failure of antidepressants and anticonvulsants. The request for Menthoderm is not medically necessary.