

Case Number:	CM15-0127067		
Date Assigned:	07/13/2015	Date of Injury:	05/17/2011
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female patient, who sustained an industrial injury on 5/17/11. The diagnoses have included status post right carpal tunnel release; right shoulder pain and dysfunction and residuals after prior arthroscopic surgery. Per the doctor's note dated 6/10/2015, she had complaints of low back pain, neck pain, right wrist and right shoulder pain. The physical examination revealed cervical spine- range of motion decreased and painful, +3 tenderness to palpation of the cervical paravertebral muscles, bilateral trapezil, left trapezius and right trapezius; Lumbar spine- range of motion decreased and tenderness to palpation of the lumbar paravertebral muscles, bilateral S1 (sacroiliac) joints and left S1 (sacroiliac) joint; right wrist- decreased and painful range of motion; right shoulder- decreased range of motion. The medications list includes ibuprofen; flexeril; prilosec and menthoderm cream. She has undergone right carpal tunnel release on 8/1/13. She has had electromyography/nerve conduction study on 2/4/15 which showed right mild carpal tunnel syndrome, with prolonged median sensory latency on palmar mixed comparison study and mildly decreased sensory conduction velocity, no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy. She has had physical therapy, acupuncture, injections and home exercise program for this injury. The request was for menthoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Menthoderm Ointment. Menthoderm contains methyl salicylate/menthol. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Response to anti-depressant and anti convulsant is not specified in the records provided. Any intolerance or lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The Menthoderm Ointment is not medically necessary for this patient.