

Case Number:	CM15-0173542		
Date Assigned:	09/15/2015	Date of Injury:	03/01/2013
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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 35 year old female patient who sustained an injury on 3-1-13. She sustained the injury due to repetitive trauma. The diagnoses include diffuse upper extremity tendinitis, teno-synovitis; rule out fibromyalgia. Per the doctor's note dated 7-28-15, she had complaints of pain in both hands radiating up the arms. Patient was prescribed tramadol. Per the doctor's note dated 6-16-15 she had complains of pain in both wrists and hands worse on the left than the right with frequent numbness in the left hand and occasional numbness in the right hand. The physical examination revealed diffuse moderate tenderness throughout the left upper extremity; mild diffuse tenderness in the right forearm; Tinel's sign equivocal at the cubital tunnels bilaterally; elbow flexion tests negative, negative Tinel's sign and Phalen's tests at the carpal tunnels. The patient was prescribed menthoderm ointment. She had had MRI Scan right wrist dated 7-11-14 which revealed some mild tenosynovitis of the ECU tendon and FPL tendon and Electro-diagnostic studies on 9-5-14 with normal findings. She has remained off work since July 2014. Treatment included work restrictions, medications, splint, and physical therapy. The treatment plan for her diffuse pain and tenderness throughout the upper extremities for approximately one year was to be evaluated by a rheumatologist to rule out an underlying rheumatologic condition. She would benefit from blood work up, to rule out any inflammatory cause of her symptoms; nonsteroidal anti-inflammatory lotion for her chronic pain and inflammation as she is unable to tolerate oral anti-inflammatories. Current requested treatments retrospective Menthoderm ointment 120 ml (DOS 6-16-15). Utilization review 8-19-15 requested treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm ointment 120ml (DOS 6/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Retrospective Mentherm ointment 120ml (DOS 6/16/15). Mentherm 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 was not specified in the records provided. Intolerance or lack of response to oral medications (other than NSAIDs) was 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 medical necessity of Retrospective Mentherm ointment 120ml (DOS 6/16/15) is not fully established for this patient. The request is not medically necessary.