

<b>Case Number:</b>	CM15-0175027		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, North Carolina  
 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:

The injured worker is a 20-year-old female who sustained an industrial injury on 10-07-2014. Diagnoses include right greater than left ulnar wrist pain possible Triangular Fibrocartilage Complex (TFCC) injury. A physician progress note dated 03-09-2015 documents the injured worker complains of persistent ulnar wrist pain, right worse than left. She has right wrist popping and clicking and stiffness. She had slight improvement with the injection temporarily. She is working modified duty. She has bilateral wrist full range of motion. There is tenderness on the right TFCC. There is pain with load and grind, no instability. There is no crepitus. Treatment to date has included diagnostic studies, cortisone injection to her right wrist, and use of wrist splints. The treatment plan includes a Magnetic Resonance Imaging arthrogram of the right wrist to evaluate for a TFCC tear. She is here to resolve her symptoms with splinting, therapy, medications, corticosteroid injections and activity modifications. The Utilization Review non-certified the requested treatment retrospective Menthoderm ointment 120g for DOS 3/9/15 on 08-26-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Menthoderm ointment 120g for DOS 3/9/15: 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:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to recommend their use. The request is for Methoderm, a combination of methyl salicylate and menthol. MTUS notes that methyl salicylate is significantly better than placebo in chronic pain. MTUS does not specifically address Methoderm. Methoderm acts as a counter-irritant and is used to distract attention from deeper muscle, joint and tendon pain. Methoderm is available over the counter in several preparations, such as Ben-Gay, which do not require a prescription. Therefore, the request is not medically necessary or appropriate.