

Case Number:	CM15-0074136		
Date Assigned:	04/24/2015	Date of Injury:	03/01/2011
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 39 year old female, who sustained an industrial injury on March 1, 2011. She has reported neck pain, shoulder pain wrist pain, and hand pain. Diagnoses have included bilateral radial tunnel syndrome, right De Quervain's stenosing tenosynovitis, bilateral forearm tendonitis, and cervical myofascial pain. Treatment to date has included medications, physical therapy, right radial tunnel release, injections, and diagnostic testing. A progress note dated January 29, 2015 indicates a chief complaint of neck pain and shoulder pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren 100mg #60 to be taken once a day with food: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68,71.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, diclofenac.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx). This is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. In this case there is no documentation regarding duration or efficacy of treatment with diclofenac. The medication is not recommended. The request is not medically necessary.

Retrospective Mentherm Ointment Gel 120g, apply as directed up to 4 times a day:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Mentherm: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: Mentherm gel is a compounded topical analgesic containing methyl salicylate and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There are no guidelines regarding the efficacy of menthol. The lack of evidence does not allow determination of efficacy or safety. This medication contains a drug that is not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.