

<b>Case Number:</b>	CM15-0092323		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/05/2005
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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 50 year old female, who sustained an industrial injury on 6/5/05. She reported continuous trauma of right upper extremity and left hand and wrist. The injured worker was diagnosed as having bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome status post carpal tunnel release, cervical and bilateral scapular shoulder strain with secondary cervicogenic headaches and secondary depression due to chronic pain. Treatment to date has included left carpal tunnel release 7/9/10, right carpal tunnel release 4/18/07, activity restrictions, physical therapy, wrist braces and oral medications including NSAIDS. (EMG) Electromyogram / (NCV) Nerve Condition Velocity studies performed on 7/26/12 of bilateral upper extremities revealed slight bilateral carpal tunnel syndromes (unchanged from study of 2010). Currently, the injured worker complains of bilateral wrist/hand pain rated 4/10 , she states it is decreased about 30% with medications and this allows her to do normal activities of daily living with less discomfort. The injured worker also complains of bilateral shoulder and scapular pain, neck which has increased since 4/12 with radiation to the left upper extremity, headaches, depression due to chronic pain and stomach upset due to pain medications. Physical exam noted decreased sensation of 1st, 2nd, 3rd and 4th digits on left and also altered on the right. Carpal tunnel compression test is positive on the right and left. Exam of shoulder reveals mild tenderness of posterior upper scapular and shoulder region and cervical spine exam noted mild to slight tenderness to palpation of lower and mid paracervical muscles with mild spasm with restricted range of motion. The treatment plan included a request for authorization for continuation of oral medications Naproxen and Prilosec; Methoderm topical cream and laboratory studies and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm gel (4oz) 120 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105-111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

**Lab work, liver function test and renal function test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/18096462>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-Date, renal and liver panel.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date medical guidelines indicate liver panels and renal blood panels are helpful in assessment of disorder so the liver and kidney respectively as well as evaluation of abdominal pain and other disease process that have end organ involvement. There is not a clear indication as to the reason for ordering these blood chemistries in the provided clinical documentation and therefore the request is not medically necessary.

