

<b>Case Number:</b>	CM14-0152965		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old female. The mechanism of injury was not submitted for clinical review. The diagnoses included carpal tunnel syndrome. Previous treatments included medication and surgery. Within the clinical note dated 06/24/2014 it was reported the injured worker complained of discomfort and occasional tingling in the left hand despite recent surgery. The complained of discomfort in the neck and shoulder region as well. Upon physical examination the provider noted the injured worker had swelling over the palmar surface of the left hand. There was mild tenderness over the carpal and the cubital tunnel on both sides. There was tenderness to palpation of the right shoulder. The provider requested Menthoderm gel. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Menthoderm gel dispensed 06/24/2014 for treatment of the left and right arm, forearm, and wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Page(s): 111-112..

**Decision rationale:** The retrospective request for Menthoder gel dispensed 06/24/2014 for treatment of the left and right arm, forearm, and wrists is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency, quantity, and dosage of the medication. Therefore, the request is not medically necessary.