MAXIMUS Federal Services

Case Number:	CM13-0041196		
Date Assigned:	12/20/2013	Date of Injury:	07/09/2013
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 patient is a 58-year-old male who sustained a work related injury on 7/06/2013 when he fell approximately 3 feet out off a trailer landing on his left outstretched arm. He developed immediate pain in his left shoulder extending up into his neck. He reported the injury and was referred to [redacted]. It was noted that the patient was referred for physical therapy session which caused increased pain. A left shoulder MRI was performed on 9/4/2013 which showed partial thickness rotator cuff, subacromial bursitis and type 2 acromion. Physical examination revealed decreased cervical range of motion with some pain., slight trapezial, paracervical and parascapular tenderness on the left; a 3 cm, minimally tender mobile soft tissue mass over the posterior aspect of the left axilla; left shoulder flexion at 90 degrees; extension at 20 degrees; external rotation at 30 degrees; internal rotation at 10 degrees; abduction at 60 degrees; adduction at 40 degrees; positive impingement sign and moderate pain with left shoulder range of motion. The patient was diagnosed with left shoulder impingement sign with partial thickness, rotator cuff tear and secondary capsulitis; trapezial, paracervical and parascapular strain and possible left posterior lipoma. The patient was treated with a corticosteroid injection on the same day. The patient was then recommended for physical therapy and was prescribed with Voltaren and Menthoderm gel. The patient was also provided with a sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm for the cervical spine and left shoulder for DOS 9/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Menthoderm also known as "Bengay", "ICY Hot", is an over-the-counter topical analgesic. Menthoderm is a combination of methyl salicylate and menthol which has a beneficial effect on acute painful conditions such as sprains and strains. According to CA-MTUS (effective July 18, 2009):There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. ODG Guidelines do not recommend topical salicylates for chronic painful conditions such as osteoarthritis. Reports do not document site of use or functional benefit from Menthoderm. Therefore, the request for Retrospective Menthoderm for the cervical spine and left shoulder for DOS 9/26/2013 is not medically necessary based on the above guideline recommendation.