

Case Number:	CM13-0041946		
Date Assigned:	12/20/2013	Date of Injury:	09/14/2005
Decision Date:	07/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neurological Surgery 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 40-year-old female who was reportedly injured on March 14, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated October 18, 2013, indicated that there were ongoing complaints of neck pain and bilateral shoulder pain. No focused physical examination was performed on this date. There were diagnoses of partial fusion of C6-7, bilateral thoracic outlet syndrome, left shoulder disorder and bilateral carpal/metacarpal joint arthropathy. The upper extremity nerve conduction studies were within normal limits. The previous treatment included left shoulder steroid injection. A request was made for menthoderm and was not certified in the pre-authorization process on October 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATIONS PRESCRIBED (MENTHODERM DURATION AND FREQUENCY UNKNOWN) DOS: 9/23/13 FOR NECK AND LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Methoderm is a topical analgesic consisting of methyl salicylate and menthol. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics consisting of nonsteroidal anti-inflammatory drugs, lidocaine, and capsaicin. There was no evidence that additional ingredients provide any benefit. For this reason, this request for methoderm is not medically necessary.