

Case Number:	CM13-0057165		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2013
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine 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 patient is a 37-year-old male who was injured on March 01, 2013. The mechanism of injury is unknown. Prior treatment history has included 6 sessions of acupuncture, between September 06, 2013 and October 11, 2013. Current medications include Gabapentin 300mg, ibuprofen 400mg. An x-ray of right shoulder, dated June 18, 2013, was a normal. An x-ray of the cervical spine, dated June 18, 2013 had no abnormalities. X-rays of the cervical spine, dated August 21, 2013, revealed hypolordotic cervical curve with the spine in posterior weight bearing posture in the lateral projection and spondylosis at C5. X-rays of the thoracic spine, dated August 21, 2013 revealed right convex lower curve in the AP projection and spondylosis in the mid thoracic spine. An s-ray of right shoulder dated August 21, 2013 showed joint space narrowing at the acromioclavicular (AC) joint. An MRI of the right shoulder dated September 19, 2013 revealed moderate supraspinatus and infraspinatus tendinosis; no rotator cuff tear or bursal effusion; no visible tear; mild to moderate acromioclavicular joint arthrosis, type II shaped acromion noted without significant down-sloping; and no significant joint or bursal effusion. A primary treating physician's progress report (PR-2) dated October 18, 2013 documented the patient to have complaints of right shoulder pain. Objective findings revealed right shoulder impingement. Diagnoses included displacement of cervical and lumbosacral or thoracic neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM 120ML: Upheld

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

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

Decision rationale: The California MTUS guidelines state that Topical Analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each individual agent and how it will be useful for the specific therapeutic goal. There is no evidence of neuropathic pain with failure of antidepressants and anticonvulsants; therefore, the medical necessity has not been documented.