

<b>Case Number:</b>	CM13-0061992		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representation; transfer of care to and from various providers in various specialties; and topical agents. In a utilization review report of November 24, 2013, the claims administrator denied a request for Methoderm gel. Portions of the utilization review decision were truncated. The applicant's attorney subsequently appealed. A December 10, 2013 medical-legal evaluation is notable for comments that the applicant is not improving and is apparently off of work. The applicant's medication list includes Norco, Valium, Xanax, Vytarin, and aspirin. She reports ongoing shoulder, upper extremity, and mid back pain. She has been off of work since the date of injury; it is reiterated on multiple occasions. In a clinical progress note of November 12, 2013, the applicant is described as reporting persistent 7-9/10 pain. She was issued prescriptions for Medrox, Norco, and Ultracet and was asked to remain off of work, on total temporary disability. On October 15, 2013, the applicant was described as using Norco, Xanax, and Valium and was asked to remain off of work, on total temporary disability. Authorization was sought for Methoderm gel on that date. On September 17, 2013, the applicant was again described as using Norco, Valium, and Xanax and was off of work, on total temporary disability, as of that point in time. On August 13, 2013, the applicant was described as using Norco, Medrox, Xanax, and Valium. There was no evidence on any recent progress note that the applicant was earlier using Methoderm gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF MENTHODERM GETL 120GM #1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Menthoderm is a salicylate topical. The Chronic Pain Medical Treatment Guidelines indicate that salicylate topicals are "recommended" in the treatment of chronic pain, as is present here. In this case, the request in question does seemingly represent a first-time request for Menthoderm gel as there is no concrete evidence that the applicant had ever used Menthoderm gel in the past. A trial of Menthoderm is indicated and appropriate to combat the applicant's chronic pain issues and is supported by the Guidelines for the proposed purpose. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.