

Case Number:	CM13-0065179		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2011
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic 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 patient had a work injury dated 7/13/11. The diagnoses include rotator cuff sprain/strain; thoracic sprain/strain, unspecified myalgia and myositis. There is a request for Methoderm gel. An 8/2013 MRI of the shoulder revealed a Normal MRI of the shoulder. Rotator cuff tendons and muscles are unremarkable. No findings to explain clinical symptoms. A 3/11/13 cervical MRI revealed 1, broad-based central disc protrusion at C3-C4 with mild spinal canal stenosis. There is 1-2 mm anterolisthesis of C3 on C4.2. Broad-based central disc protrusion at C5-C6 measuring approximately 2 mm with mild central spinal canal stenosis. There is impression on the anterior aspect of the spinal cord. 3. Broad-based central disc protrusion at C6-C7 measuring 1-2 mm.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHODERM GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesics Page(s): 105,111-113.

Decision rationale: The request for Mentherm gel is not medically necessary per the MTUS guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The documentation does not indicate intolerance to oral medications. The patient has been using Mentherm since at least February of 2013 without documentation of significant improvement in analgesia or function from this topical analgesic. The request for Mentherm is not medically necessary.