

<b>Case Number:</b>	CM13-0067182		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old female who reported an injury on 12/03/2012. The mechanism of injury was not provided. The injured worker's medical history included opiates as of 5 months prior to the examination. The examination dated 10/24/2013 revealed the injured worker had right hip and left shoulder pain of 8/10. The injured worker was noted to be utilizing Norco 3 times a day for pain as well as topical cream and the injured worker's pain went from 10/10 to 8/10. The documentation indicated the injured worker could provide self care with the medications. The injured worker's diagnoses included left shoulder partial supraspinatus tendon tear at the distal attachment, shoulder impingement with bursitis, left shoulder AC DJD, right hip sacroiliac joint dysfunction, right hip DJD, right shoulder bursitis/impingement, and right shoulder moderate to severe symptomatic AC DJD with calcific tendonitis. The treatment included continuing Norco 10/325 and a trial of Menthoderm gel. The injured worker noted that the gel was helpful in decreasing pain without the need of an additional opiate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM GEL 4OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Section Page(s): 111 and 105.

**Decision rationale:** The California MTUS Guidelines indicate topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the injured worker had pain. The clinical documentation additionally indicated the injured worker had utilized topical gels and it was found they were helpful in decreasing pain without the need of an additional opiate. However, there was a lack of documentation the injured worker had trialed and failed antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating objective functional benefit received from the topicals. The request as submitted failed to indicate the frequency for the Methoderm gel. Given the above, the request for Methoderm gel 4 oz is not medically necessary.

**HYDROCODONE/APAP 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Ongoing Management Page(s): 60 and 78.

**Decision rationale:** California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. Additionally, it was indicated the injured worker could perform self care tasks with the use of opiates; however, there was lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/APAP 10/325 mg #120 is not medically necessary.