MAXIMUS Federal Services

Case Number:	CM14-0011194		
Date Assigned:	02/21/2014	Date of Injury:	03/13/2013
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 47 year-old male mechanic who was injured on 3/13/13 when he was lifting a bottle of coolant. He has been diagnosed with right shoulder rotator cuff strain. According to the 12/26/13 orthopedic report from [redacted], the patient presents with right shoulder pain, about 7/10 intensity, and decreasing to 6/10 with medications. He uses Anaprox and Bio-Therm topical.[redacted] recommended continuing medications and recommends PT 2x6.On 1/24/14 UR denied the request stating the patient has already had 24 PT sessions for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Insert Section>, page(s) <Insert MTUS Chronic Pai.

Decision rationale: The patient presents with right shoulder pain. He was reported to have had 24 PT sessions. I have been asked to review for additional PT 2x6. MTUS guidelines

recommend 8-10 sessions of PT for various myalgias and neuralgias. The request for PT 2x6 will exceed the MTUS recommendations.

BIO-THERM (MENTHYL SALICYLATE 20%, MENTHOL 10%, CAPSAICIN 0.002%) 4 OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines, Chronic Pain, Topical NSAIDs P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Insert Section>, page(s) <Insert MTUS, pg 111-113 . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, ODG,low back chapter on Biofreeze: Recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomize

Decision rationale: On 12/26/13, the patient presents with continued right shoulder pain from a lifting injury on 3/13/13. I have been asked to review for Bio-therm (methyl salicylate 20%, menthol 10% and capsaicin 0.002%). On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains Menthol, which is not specifically discussed in MTUS guidelines, but ODG under Biofreeze shows this at the active ingredient, and states menthol is recommended for the acute phase and takes the place of cold packs. The patient is not in the acute phase of care, and cold packs or menthol would not be recommended for the chronic phase. The compound also contains capsaicin. MTUS states capsaicin can be used for osteoarthritis or neuropathic pain. The patient was not reported to have OA or neuropathic pain. The use of capsaicin in this case would not be recommended. Therefore, the whole compounded product that contains menthol or capsaicin is not recommended.