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| <b>Case Number:</b>   | CM14-0017405 |                              |            |
| <b>Date Assigned:</b> | 04/14/2014   | <b>Date of Injury:</b>       | 09/25/2011 |
| <b>Decision Date:</b> | 05/30/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2014 |

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 a 59-year-old male who reported an injury on 09/25/2011. The mechanism of injury was not stated. Current diagnoses include status post left manipulation under anesthesia, left shoulder adhesive capsulitis, and trapezial, paracervical, and parascapular strain. The injured worker was evaluated on 01/24/2014. The injured worker reported increasing pain and stiffness in the left shoulder. Physical examination revealed 110 degrees of forward elevation, 20 degrees of external rotation, and slight trapezial, paracervical, and parascapular tenderness on the left. Treatment recommendations at that time including prescriptions for Methoderm gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MENTHODERM DISPENSED ON 1/24/2013 FOR TREATMENT OF LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use 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. There is no strength, frequency, or quantity listed in the current request. As such, the request is considered not medically necessary.