

Case Number:	CM14-0019857		
Date Assigned:	06/04/2014	Date of Injury:	04/02/2012
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 employee is a 58-year-old gentleman who states he sustained a work-related injury to his right shoulder on April 2, 2012. The injured employee was seen for follow-up appointment dated April 5, 2013, and it was stated that the previous intermittent pain had significantly improved. The injured employee stated that he is working and takes occasional over-the-counter pain medications for flare-ups of his right shoulder pain. The physical examination on this date noted slightly decreased right shoulder range of motion but is otherwise within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM (DURATION AND FREQUENCY UNKNOWN) FOR TREATMENT OF THE RIGHT SHOULDER DISPENSED ON 12/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Compounded Medications Page(s): 111-112 and 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The California MTUS chronic pain medical treatment guidelines specifically states that topical analgesic is primarily recommended for neuropathic pain, when a previous trial of an antidepressant or anticonvulsant medication has failed. Not only is there no

mention of the injured employee having any neuropathic pain, there is also no mention of the previous trial of an antidepressant or anticonvulsant. Furthermore, the injured employee stated to be doing quite well and controls his pain with over-the-counter medications. Therefore, this request of Methoderm (duration and frequency unknown) for treatment of the right shoulder dispensed on 12/11/13 is not medically necessary.