

Case Number:	CM14-0110154		
Date Assigned:	09/16/2014	Date of Injury:	11/29/2012
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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 48-year-old male who has submitted a claim for left shoulder tendinitis, AC OA, left arm S/S, and left ulnar neuropathy associated with an industrial injury date of 11/29/2012. Medical records from 12/13/13 up to 5/6/2014 were reviewed showing intermittent mild pain of left elbow 3/10, left arm 3/10, and left shoulder 2/10. Pain is aggravated by lifting and interferes with ADLs. Physical examination showed full range of motion but with pain upon movement. Examination of the left shoulder revealed generalized tenderness over the subacromial and impingement tests were equivocal. Examination of left elbow revealed tenderness medially and laterally. Tinel test at the cubital tunnel was equivocal. There was decreased sensation over the ulnar border of the left forearm and hand. Treatment to date has included acupuncture, Flexeril, Anaprox, and Prilosec. Utilization review from 6/25/2014 denied the request for Acupuncture 2 x 4, Referral to General Orthopedic, and Methoderm (methyl salicylate 155 Menthol 10 % gel - 360). Regarding the acupuncture, there remains no documentation of the number of sessions completed to date, objective improvement, functional deficits, and functional goals. Regarding the General Orthopedic, there is no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. Regarding Methoderm, there remains no documentation of neuropathic pain and trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, it was mentioned in the PR dated 12/30/13 that the patient has undergone acupuncture treatments. However there was no documentation of number of visits, progress, functional improvement, and benefit. In addition the targeted body part/s was not indicated. Therefore, the request for Acupuncture 2 x 4 is not medically necessary.

Referral to General Orthopedic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127, 157

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient has intermittent mild pain of left elbow 3/10, left arm 3/10, and left shoulder 2/10. Pain is aggravated by lifting and interferes with ADLs. Physical examination showed full range of motion but with pain upon movement. There was no mention of complex circumstances to warrant referral to a specialist. There was no discussion of diagnostics and therapeutic advances that are well beyond the primary physician's scope of expertise. Therefore the request for General Orthopedic is not medically necessary.

Menthoderm (methyl salicylate 155 Menthol 10 % gel - 360): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics, Page(s): 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, Topical

Decision rationale: Menthoderam gel contains methyl salicylate and menthol. According to page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. The guidelines state that while the guidelines referenced support the topical use of methyl salicylates, the requested Menthoderam has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, it is unclear when the patient started using this medication. There was no documentation of intolerance to oral pain medications. It is unclear as to why oral pain medications will not suffice. Furthermore, the guidelines state that there is lack of published evidence proving that Menthoderam is superior compared with over-the-counter methyl salicylate and menthol products. Moreover, the request failed to indicate the quantity of Menthoderam to be dispensed. Therefore, the request for Menthoderam 360 ml is not medically necessary.