

Case Number:	CM14-0110404		
Date Assigned:	08/01/2014	Date of Injury:	12/16/2008
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
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 Pain Management 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 injured worker is a 51-year-old female with a history of industrial injury on December 16, 2008. The mechanism of injury has not been specified. The listed diagnoses are cervical syndrome with radiculopathy, right shoulder sprain/rotator cuff tear, left shoulder sprain, right and left wrist sprain/carpal tunnel syndrome, thoracic musculoligamentous sprain, and lumbosacral syndrome with sciatica. For the purpose of this review, only the right shoulder will be addressed. The only recent clinical note submitted is a partial Primary Treating Physician's Progress Report (PR2) dated May 21, 2014 in which the treating physician indicates that the injured worker will be scheduled for right shoulder arthroscopy. A recommendation for refill of Tramadol and Methoderm cream has been made as well as home health care assistance for 2 weeks post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm cream for pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Salicylate Topicals.

Decision rationale: According to the California (CA) Chronic Pain Medical Treatment Utilization Schedule as well as the Official Disability Guidelines, topical salicylates (e.g., Ben-Gay, methyl salicylate) are recommended as an option for acute and chronic pain. Given the reported chronic shoulder pain, medical necessity for the use of menthoderm has been established and is medically necessary. Based on the submitted clinical notes, the previous denial was based on the compounded topical analgesic guidelines which state that use of topical compounded analgesics is recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, menthoderm is not a compounded analgesic; therefore, this guideline is not applicable.