

Case Number:	CM14-0113772		
Date Assigned:	09/16/2014	Date of Injury:	02/29/2012
Decision Date:	10/20/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic Surgery 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 38 year old male patient with an industrial injury dated 02/29/12. The patient is status post a right shoulder arthroscopic rotator cuff repair, subacromial decompression and anterior acromioplasty, distal clavicle exision. Exam note 06/11/14 states that the patient returns with right shoulder and neck pain. The patient reports that the pain radiates to the arm and causes numbness. The patient states that there is swelling and a mass on his right clavicle area. Upon physical exam the patient completed a flexion that was able to reach from his chin to chest, a 25% normal extension, 75% normal right bend/left bend, a 75% normal right rotation, and a 100% normal left rotation. The right lateral cervical area did have evidence of swelling and tenderness, with no palpable paraspinal muscle spasm. The patient was diagnosed with a flared right shoudler pain in which could probally be cervicogenic, chronic cervical strain, and underlying C-Spine degenerative spine changes. Treatment includes a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm #2 Bottles (Unspecified Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for non-certification for Methoderm.