

<b>Case Number:</b>	CM14-0118640		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56 year old female who reported an injury on 08/28/2013. The mechanism of injury was repetitive motion. Her diagnoses were right supraspinatus tendinosis with partial tearing, moderate right acromioclavicular joint arthrosis, right myofascial trapezius and interscapular pain. Past treatments included home exercise program, 2 physical therapy sessions, medications, and a subacromial joint injection. The diagnostic testing included a right shoulder MRI performed on 01/13/2014 that confirmed moderate right acromioclavicular joint arthrosis. There was no surgical history indicated in the clinical notes. On 07/01/2014, the injured worker had complaints of pain over her lateral and anterior shoulder. She also reported that her pain was aggravated by overhead and repetitive movements. The physical exam revealed a decrease in range of motion to the right shoulder compared to the left. The clinical note also indicated tenderness to palpitation over the right subacromial space and right posterior rotator cuff. She had 5/5 strength in her bilateral upper extremities, +1 reflexes to the biceps and brachioradialis. The medications were Anaprox, Fexmid, Effexor XR, Neurontin, Tramadol, Mentherm gel, Terocin lotion, and Terocin patches. The treatment plan included a home exercise program, a repeat subacromial joint injection, and the continuation of Mentherm topical cream 120mg #2bottles, Celebrex, and Protonix. The rationale for request was not indicated in the clinical notes. The authorization for request was submitted and signed on 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120mg QTY: 2 Bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 111. 105;.

**Decision rationale:** The California/MTUS state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are 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 in topical creams. The guidelines also state that any compounded product that contains at least one drug that is not recommended is not recommended and the use of each compound requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines state that topical salicylates have been shown to be better than placebo for chronic pain. Therefore, use of topical salicylate would be appropriate. However, the documentation failed to include a rationale for the addition of menthol to methyl salicylate and documentation of the specific analgesic effect of this agent. Additionally, there was inadequate documentation showing that the injured worker had tried and failed first-line treatments for neuropathic pain. Moreover, the request, as submitted, did not specify a frequency of use. Therefore the request for Mentoderm 120mg #2bottles is not medically necessary.