MAXIMUS Federal Services

Case Number:	CM14-0121137		
Date Assigned:	08/06/2014	Date of Injury:	01/21/2014
Decision Date:	09/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Practice 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:

This 54-year-old female claimant sustained a work injury on 1/21/14 involving the right shoulder. An MRI of the shoulder indicated a rotator cuff tear. She was additionally diagnosed with impingement syndrome. She had undergone therapy and used Motrin, Neurontin, Norco, and Voltaren for pain. A urine drug screen on 4/22/14 was consistent with medications taken. On 5/22/14, the treating physician requested a urine drug screen. A progress note on 6/14/14 indicated the claimant had continued shoulder symptoms with reduced range of motion and weakness. The treating physician requested Menthoderm gel for topical pain relief and reordered another urine drug screen. She was continued on Flexeril and Voltaren orally for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120grams (2 bottles dispensed): Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Menthoderm contains a topical NSAID (non-steroidal anti-inflammatory drug). The efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. In this case, the length of treatment is not specified. There is little evidence for shoulder use. Therefore, the request for Menthoderm gel is not medically necessary.

Urinalysis (UA) Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screening is used to assess for the presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse, or other inappropriate activity. Based on the above references and the patient's clinical history, a urine toxicology screen is not medically necessary.