

<b>Case Number:</b>	CM14-0123091		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 31 year old male with date of injury 4/4/2014. The mechanism of injury is stated as hurting his shoulder while moving down a tree with a rope. The patient has complained of neck and left shoulder pain since the date of injury. He has been treated with physical therapy and medications. Plain films of the left shoulder performed in 04/2014 were reported as normal. MRI of the left shoulder performed in 04/2014 showed mild left acromioclavicular joint arthrosis. Objective: decreased and painful range of motion of the left shoulder; positive Apley's test left shoulder. Diagnoses: cervical spine strain, left shoulder strain. Treatment plan and request: Compound topical menthoderm gel 240 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical menthoderm gel 240 gm.:** 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 Topical analgesics Page(s): 111.

**Decision rationale:** This 31 year old male has complained of neck and left shoulder pain since date of injury 4/14/14. He has been treated with physical therapy and medications. The current

request is for Compound topical menthoder gel 240 gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above , Compound topical menthoder gel 240 gm is not indicated as medically necessary.