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| Case Number: | CM14-0126626 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 01/19/2012 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42-year-old female was reportedly injured on January 19, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 18, 2014, indicated that there were ongoing complaints of intermittent left shoulder pain. It was stated that there were good results from a previous left shoulder surgery and that the injured employee may return to work with a modified work schedule as tolerated. No focused physical examination was performed. Diagnostic imaging studies were not reviewed on this date. Previous treatment included left shoulder surgery. A request had been made for Menthoderm and was not certified in the pre-authorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Mentherm is a combination of methyl salicylate and menthol. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Mentherm is not medically necessary.