

<b>Case Number:</b>	CM14-0129371		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 50 year-old individual was reportedly injured on 8/8/2008. The mechanism of injury is not listed. The most recent progress note, dated 7/23/2014. Indicates that there are ongoing complaints of chronic right shoulder pain. The physical examination demonstrated bilateral shoulders: positive tenderness to palpation anterior acromion margin, positive speeds, and impingement. Flexion 170, external rotation 80, internal rotation 75, abduction 170. Bilateral wrists: good range of motion, pain on radio deviation bilaterally, mild swelling, positive Tinnel's and Phalen's. No recent diagnostic studies are available for review. Previous treatment includes previous right shoulder arthroscopy, medications, and conservative treatment. A request had been made for, Menthoderm120 gm, referral for Dennis for sleep apnea mouth piece, urine toxicology, physical therapy neck, and was not certified in the pre-authorization process on a/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 105.

**Decision rationale:** Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however there is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Methoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. As such, this request is not considered medically necessary.

**Physical Therapy, Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION-NECK & UPPER BACK PROCEDURE SUMMARY LAST UPDATED 4/14/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic musculoskeletal complaints and review of the available medical records, fails to demonstrate cervical spine physical examination. The claimant underwent previous sessions of functional restoration therapy and in the absence of clinical documentation of cervical spine to support additional visits, this request is not considered medically necessary.

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION - URINE DRUG TESTING (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

**Decision rationale:** The documentation provided does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances. As such, the request is considered not medically necessary recommended.

**Referral to Dentist for Sleep Apnea Mouth Piece:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.  
<http://www.aetna.com/cpb/dental/data/DCPB0018.html> (LAST UPDATED 12/04/2012-OBSTRUCTIVE SLEEP APNEA DENTAL POLICY BULLETIN2. J Clin Sleep Med. 2007

april 15; 3(3): 263-264. PMID: PMC2564770 Mild Obstructive sleep Apnea Syndrome Should Not Be Treated Michael R. Littner, M.D. ( LAST UPDATED 04/01/2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual, Obstructive Sleep Apnea.

**Decision rationale:** CAMTUS and ODG guidelines do not specifically address oral appliance for obstructive sleep apnea, therefore other medical references were used. An oral appliance are designed to advance the mandible or at the very least, prevent retrusion with sleep. Some are also designed to pull the tone forward. Use of these appliances to treat both snoring and obstructive sleep apnea is gaining acceptance. Comparisons of appliances to CPAP show equivalence in mild-moderate obstructive sleep apnea, but results of cost-effectiveness studies are not available. After review the medical records provided there was no diagnostic studies confirming obstructive sleep apnea in this claimant. Therefore this request is deemed not medically necessary.