

Case Number:	CM14-0131342		
Date Assigned:	09/08/2014	Date of Injury:	04/02/2012
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 4/2/2012 involving his right shoulder. Minimal information was available for review discussing the first two years after his injury. However, he was diagnosed with thoracic sprain and shoulder pain. He was treated with shoulder surgery (arthroscopic), acupuncture, chiropractic therapy, Mentherm, NSAIDs, and opioids. On 5/14/2014, the worker was seen by his primary treating physician complaining of right upper back pain/soreness after chiropractic therapy. He also reported stabbing right shoulder pain and weakness with movement which had not changed from previous reports. Physical examination revealed normal range of motion of the right shoulder. He was then recommended home exercise, aqua therapy, tramadol, Prilosec, naproxen, and Mentherm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 22, 98-99, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Methoderm is a topical combination analgesic product which includes methylsalicylate and menthol as its active ingredients. The MTUS Chronic Pain Guidelines state that salicylate topicals, such as methylsalicylate, are recommended to treat pain as they have been shown to be significantly better than placebo in chronic pain with low risk, but require documented evidence of functional and pain-reducing benefit to warrant continuing. Compared to other topical analgesics which are primarily experimental, this analgesic product has more evidence for benefit and is low risk and may help reduce oral medication use in this worker, which carry more risk. However, it appears that the worker had already been using Methoderm and there was no evidence of benefit, as the worker reported at the best no change in the subjective complaints and no report on Methoderm's quantitative benefit on function or pain. Therefore, without evidence of benefit, the Methoderm is not medically necessary.