

<b>Case Number:</b>	CM14-0135931		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66-year-old female with date of injury of 09/12/2012. The listed diagnoses per [REDACTED] from 06/10/2014 are: Cervical sprain/strain, shoulder sprain/strain and lumbar sprain/strain. According to this report, the patient complains of left shoulder pain specifically in the shoulder blade area. The patient rates her pain a 6/10. She uses TENS unit with success in reducing pain. The patient notes that Mentherm gel is very helpful in pain reduction and in increasing activities of daily living with no reports of side effects. The objective findings show the patient's gait is normal. Reflexes are normal. No other findings are noted on this report. The utilization review denied the request on 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS PATCH X2 PAIRS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCULANEOUS ELECTROTHERAPY Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** This patient presents with left shoulder pain. The physician is requesting TENS unit patch x2 pairs. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The 06/10/2014 report notes, "uses TENS unit with success in reducing pain; Mentherm gel very helpful in pain reduction as well, also helpful in increasing ADLs. No SE's." While the physician does not discuss how often the patient is utilizing the TENS unit, it was noted that the TENS unit is reducing the patient's pain level and is helpful in increasing her activities of daily living. It does appear that the patient is using other medications aside from Mentherm gel. Therefore, the continued use of a TENS unit is reasonable. Recommendation is for authorization.

**MENTHODERM 20GM (4 FL OZ):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams, chronic pain section):Topical Analgesics Pa.

**Decision rationale:** This patient presents with left shoulder pain. The physician is requesting Mentherm 20 g (4 fluid ounces). Mentherm cream/gel contains methyl salicylate and menthol. The MTUS Guidelines page 111 on topical NSAIDs states, "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." In addition, MTUS states that it is indicated for osteoarthritis and tendonitis of the knee and elbow and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. Also, topical NSAIDs are recommended for short-term use, between 4 to 12 weeks. The records show that the patient was prescribed Mentherm on 05/27/2014. The 06/10/2014 report notes, "Mentherm gel very helpful in pain reduction as well. Also helpful in increasing ADLs. No SE's." In this case, while the patient reports benefit with Mentherm use, this medication is not indicated for use in the spine, hip or shoulder. The physician does not indicate what this medication is used for, but given the patient's subjective complains and diagnosis the patient appears to be using them for spine and shoulder problems. MTUS states that topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. Recommendation is for denial. The records show that the patient was prescribed Mentherm on 05/27/2014. The 06/10/2014 report notes, "Mentherm gel very helpful in pain reduction as well. Also helpful in increasing ADLs. No SE's." In this case, while the patient reports benefit with Mentherm use, this medication is not indicated for use in the spine, hip or shoulder. The treater does not indicate what this medication is used for, but given the patient's subjective complains and diagnosis the patient appears to be using them for spine and shoulder problems. MTUS states that topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. Recommendation is for denial.

