MAXIMUS Federal Services

Case Number:	CM14-0164442		
Date Assigned:	10/09/2014	Date of Injury:	01/21/2014
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 58-year-old female who reported an injury on 01/21/2014. The mechanism of injury was not provided. The injured worker's diagnoses included status post right rotator cuff tear and contusion of the right shoulder postoperatively with possible recurrent tear. The injured worker's past treatments included medications, physical therapy, and surgery. The injured worker's diagnostic testing included an official MRI of the right shoulder on 08/18/2014, which indicated artifact that limited the evaluation in the rotator cuff and moderate tendinopathy of the intra-articular long head of the biceps tendon. The injured worker's surgical history included rotator cuff repair to the right shoulder on 05/14/2014 and left L4-5 and left L5-S1 epidural injections on 07/16/2014. On the clinical note dated 08/28/2014, the injured worker complained of continued pain in the right shoulder. The injured worker had tenderness in the anterior right shoulder. She had weakness of external rotation and forward elevation. On the clinical note dated 07/24/2014, the injured worker's medications included naproxen 550 mg twice a day, Prilosec 20 mg twice a day, and Menthoderm gel 120 grams apply as directed up to 4 times a day. The request was for retrospective review of Menthoderm lotion 120 mL for date of service 08/28/2014. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review for Menthoderm Lotion 120ml for DOS 08/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate & topical Analgesics Page(s): 105 &111-112.

Decision rationale: The request for retrospective review for Menthoderm lotion 120 mL for date of service 08/28/2014 is not medically necessary. The injured worker is diagnosed with status post right rotator cuff tear and contusion of the right shoulder postoperatively with possible recurrent tear. The California MTUS Guidelines state that topical salicylate is significantly better than placebo in chronic pain. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages, including lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The injured worker's medical records lacked documentation of failed trials of antidepressants and anticonvulsants. Also, the injured worker's medical records lacked documentation of the efficacy of the current medication regimen, to include pain rating and functional status, stemming back to 08/28/2014. Additionally, the request does not indicate the dosage, frequency, or application site of the medication. As such, the request for retrospective review for Menthoderm lotion 120 mL for date of service 08/28/2014 is not medically necessary.