

Case Number:	CM14-0179007		
Date Assigned:	11/03/2014	Date of Injury:	06/26/2012
Decision Date:	12/08/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/28/2014

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 American Board Internal Medicine 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 injured worker (IW) is a 32-year-old man with a date of injury of June 26, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 5, 2014, there was mention that the IW was status-post left shoulder arthroscopy on April 28, 2014 and reported no change with pain. He reports that he had completed 12 physical therapy sessions but reported no benefit. His pain level was 9/10, which was worse since his last appointment. The IW complains of left shoulder pain with radiation to the left arm, as well as numbness and tingling in the left arm and hand with weakness. He reports functional limitations during the past month, including avoiding going to work, physical exercise, performing household chores, driving, yard work, shopping and caring for himself due to pain. He is taking Tramadol and Naproxen with good pain relief, but has stomach pain with Naprosyn. Physical examination reveals left shoulder range of motion with forward flexion 100 degrees, abduction 90 degrees, external rotation 40 degrees, internal rotation 50 degrees, and extension 10 degrees. He has tenderness to palpation over the posterior aspect of the shoulder, positive Hawkins' test, and positive Yergeson's test. Physical exam was otherwise unremarkable. The IW was diagnosed with disorder of bursae and tendons in the shoulder region, unspecified and rotator cuff syndrome. Treatment plan recommendations were for medication management for Naproxen, Tramadol ER, and Menthoderm ointment 15% as a topical anti-inflammatory analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment 15% 120gm, 2-3 times daily PRN for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mentoderm Ointment 15%, 120 gm , 2 to 3 times daily PRN left shoulder.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentoderm Ointment 15%, 120 gm , 2 to 3 times daily PRN left shoulder. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Menthol is not recommended. In this case, the treating physician requested Mentoderm ointment. Mentoderm contains menthol. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, Mentoderm is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Mentoderm Ointment 15%, 120 gm, 2 to 3 times a day to the left shoulder is not medically necessary.