

Case Number:	CM14-0179740		
Date Assigned:	11/04/2014	Date of Injury:	09/24/2004
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 worker is a 71-year-old woman with a date of injury 9/24/04. She carries a diagnosis of right shoulder pain following right shoulder arthroscopic surgery on 7/2005. Pain medications include Ultracet, Celebrex, Biofreeze and menthol 3.7% gel which reportedly improves her pain level to 3.5/10 from 5/10. Functionally she reportedly able to perform only limited light kitchen work do to need for rest breaks. Shoulder examination revealed mild shoulder range of motion impairment with flexion to 130 and abduction to 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol Gel 3.7% 60 Grams #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The injured worker presents with chronic shoulder pain status post surgical repair. In addition to an oral analgesic regimen, topical analgesic menthol 3.7% has been requested. The available documentation does not provide specific rational for menthol 3.7% except that Biofreeze roll-on X3 is helpful along with oral analgesics. MTUS guidelines does not

address menthol 3.7% for topical use. As provided documentation does not provide supportive rationale for the use of this agent, the request is not medically necessary.