

Case Number:	CM14-0180870		
Date Assigned:	11/06/2014	Date of Injury:	02/13/2013
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This is a 30 year old patient with date of injury of 02/13/2013. Medical records indicate the patient is undergoing treatment for left shoulder pain, post-surgical repair for shoulder impingement, distal clavicle impingement and left labral tear. Subjective complaints include left shoulder pain, rated 0-3/10, occasional tightness and left upper trapezius suprascapular pain. Objective findings include cervical flexion and extension of 40, bilateral side bending 30, bilateral rotation 80; Spurlings negative; left shoulder flexion 180, abduction 180, internal and external rotation 90 degrees; tenderness to palpation over the left AC joint in the superior aspect of the left scapula. Treatment has consisted of Flexmid, Methoderm lotion, Medrox patches, left shoulder surgery on 05/31/2013. The utilization review determination was rendered on 10/17/2014 recommending non-certification of Methoderm lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl Salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Additionally, the treating physician does not document the failure of first line treatments. As such, the request for Mentherm lotion is not medically necessary. e of first line treatments. As such, the request for Mentherm lotion is not medically necessary.