

<b>Case Number:</b>	CM14-0184016		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 9/3/2009. Per primary treating physician's progress report dated 9/22/2014, the injured worker complains of right shoulder discomfort rated as 5/10 that increases with use. She is status post right shoulder surgery on 10/17/2013, and is currently in postoperative pain. She also complains of frustration and depression due to the continued right shoulder pain, difficulty with activities of daily living, and having to deal with workers' compensation. On examination his mood and affect are slightly depressed and anxious. He gait is normal. Inspection of the right shoulder shows a surgical scar from recent surgery. No range of motion testing was done. Diagnoses include 1) right shoulder strain with impingement and bicipital tendinitis 2) secondary depression due to chronic pain about the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm Gel 4oz one to three thin layers to the affected area, no refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 104, 111-113.

**Decision rationale:** Menthoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. This request is for a single 4 oz. supply of Menthoderm gel for trial use. The injured worker reportedly did not like the use of topical Voltaren, although the reason she did not like it is not explained. The claims administrator denied this request based on price rather than medical necessity. The request for Menthoderm Gel 4oz one to three thin layers to the affected area, no refills is determined to be medically necessary.