

Case Number:	CM14-0024033		
Date Assigned:	06/11/2014	Date of Injury:	01/11/2008
Decision Date:	08/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 73 year old male injured 01/11/08 when assaulted while performing duties as a teacher. Current diagnoses include right bicipital tendonitis, right shoulder internal impingement, and left lateral epicondylitis. Clinical documentation indicates the injured worker complains of aching pain in right shoulder with limited range of motion aggravated by repetitive use of the right upper extremity. Medications utilized for pain management include Meloxicam, Salonpas patches, hydrocodone and multiple compounded topical analgesics. Physical examination of the right shoulder revealed decreased range of motion, tenderness, bony tenderness and pain, no swelling noted, normal reflexes, and no other abnormal findings noted. The initial request for Menthol 5% topical pain post traumatic migraine disorder patch was initially non-certified on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHOL 5% TOPICAL PAIN PTMD PATCH: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the menthol 5% topical pain post traumatic migraine disorder patch cannot be recommended as medically necessary.