

<b>Case Number:</b>	CM14-0026531		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 a 47 year old female who reported an injury on 08/25/2013 from an electrical shock to right hand. The injured worker had a history of right upper arm pain with tingling, numbness and weakness. The injured worker reports pain to the upper right arm as a 10/10 using the VAS pain scale. Physical examination reveals motor strength 5/5 to upper extremities except abduction to right upper arm is noted at a 4/5. The right shoulder reveals a range of motion of forward flexion at 90 degrees, abduction 100 degrees, and external rotation 40 degrees and tender to palpate at the anterior/exterior aspects of the shoulder. The injured worker had a diagnosis of electrocution and nonfatal effects of electric current. The treatment plan to include right arm gripping exercises, naproxen sodium 550 mg by mouth twice a day, Tramadol ER 150 mg one tablet every 12 hours, Gabapentin 600mg one tablet three times day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE MENTHODERM OINTMENT (DURATION UNKNOWN AND FREQUENCY UNKNOWN) FOR TREATMENT OF RIGHT UPPER ARM/SHOULDER:** 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:** The request for retrospective menthodermin ointment (duration unknown and frequency unknown) for the treatment of right upper arm/shoulder. The California MTUS guidelines indicate that the use of topical analgesics are largely experimental in with randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these drugs. Any compound product that contains at least one drug or drug class that is not recommended is not recommended. The request submitted did not have frequency or duration indicated. As such the request for retrospective for date of service 01/15/2014 Menthodermin ointment (duration unknown and frequency unknown) for right upper arm/shoulder is not medically necessary.