MAXIMUS Federal Services

Case Number:	CM14-0030858		
Date Assigned:	03/21/2014	Date of Injury:	04/23/2013
Decision Date:	04/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 42-year-old female who reported an injury on 04/24/2013. The patient was reportedly injured while moving a dryer. The patient is currently diagnosed with left shoulder rotator cuff tear, status post arthroscopic decompression, and cervicalgia. The patient was seen by [redacted] on 01/13/2014. The patient reported 7/10 pain. It is noted that the patient has been previously treated with anti-inflammatories, muscle relaxants, pain medication, injections, and physical therapy. Physical examination on that date revealed limited cervical range of motion, tenderness to palpation over the left cervical paraspinal muscles, positive Spurling's maneuver on the left, decreased left shoulder range of motion, tenderness to palpation over the anterior and posterior aspect of the shoulder, positive Hawkins testing, positive crossed-arm abduction testing, 5/5 motor strength, and diminished sensation in the left C7 and C8 dermatomes. The treatment recommendations at that time included prescriptions for Naproxen, Prilosec, and Menthoderm topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISPENSED TOPICAL MENTHODERM QTY 1: 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): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. As per the documentation submitted, the patient has been previously treated with anti-inflammatories, pain medication, and muscle relaxants. However, there is no evidence of a failure to respond to an antidepressant or anticonvulsant prior to the initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.