

Case Number:	CM14-0034365		
Date Assigned:	06/20/2014	Date of Injury:	07/08/2010
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 is licensed to practice in Illinois. 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 64-year-old female who reported an injury on 07/08/2010. The mechanism of injury was not provided. The injured worker had been treated with acupuncture and medications. The documentation of 03/03/2014 revealed the injured worker had subjective complaints of pain of an 8/10. The injured worker had tenderness to palpation in the right trapezius. The diagnoses included right rotator cuff tear, postoperative chronic pain, myofascial pain, insomnia, and poor coping. The injured worker had previously undergone surgical treatment on the right shoulder. The treatment plan included Naproxen 550 mg #60, Omeprazole 20 mg #30, Mentoderm for topical analgesic, continue treatment with psychologist and psychiatrist, continue self care, home exercise program and transcutaneous electrical nerve stimulator (TENS) unit, Norco 5/325 #60, and continue acupuncture to shoulders secondary to functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm Topical Analgesic DOS 3/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical analgesics; Salicylate topicals.

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

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controls to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical salicylates are appropriate for the treatment of chronic pain. The clinical documentation submitted for review indicated that this was a refill for the medication. There was lack of documented efficacy from the prior therapy. The request as submitted failed to indicate the frequency, quantity, and strength for the Methoderm. Additionally, there was lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of exceptional factors to warrant non-adherence to guideline recommendations. Therefore, the request for Methoderm topical analgesic date of service 03/03/2014 was not medically necessary.