

<b>Case Number:</b>	CM14-0039192		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/29/2001
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and Oklahoma. 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 65-year-old female who reported an injury on 09/29/2001 due to continuous trauma. The injured worker's diagnoses were anxiety disorder associated with orthopedic injuries, pain disorder associated with both psych factors and general medical condition chronic, mood disorder due to the use of narcotics and partial thickness rotator cuff tear, acromioclavicular degenerative joint disease, superior labral tear, status post arthroscopic subacromial decompression and labral repair on 07/26/2007, failed superior labral repair, incomplete acromioplasty, partial thickness bicep tendon tear, postop revision subacromial decompression revision, superior labral repair, and biceps tenodesis On 10/26/2011. Past treatment included stellate ganglion block, medications, and orthotic management. There are electrodiagnostic studies for the left upper extremity performed on 03/26/2013. No noted electrical evidence of abnormality on the radial and medial nerve. Past surgical history includes left shoulder subacromial decompression, superior labral repair and open biceps tenodesis on 10/26/2011, left elbow revision surgery to include revision of left ulnar transposition on 08/01/2012. The injured worker complained she was doing much worse and had flank pain that had developed recently. On physical examination dated 01/30/2014, there was tenderness along the bicep tendons of the bicipital groove. Right shoulder range of motion for forward flexion, abduction and external rotation remains 4+/5 and for internal rotation it was 5/5. Medications included DermaTran, Lyrica, OxyContin, and Percocet. The treatment plan includes the request for retrospective request of Menthoderm ointment date of service 01/30/2014. The treatment plan is to continue with medications as ordered. Request for Authorization Form was not submitted, provided with documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm Ointment dispensed on 01/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Methyl Salicylate Page(s): 111, 105.

**Decision rationale:** According to the California MTUS Guidelines 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 antidepressants or anticonvulsants have failed. These agents are applied locally to painful areas with advantage that includes lack of systemic side effects, absence of drug interaction, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Guidelines also state salicylate topicals are recommended and is significantly better than placebo in chronic pain. The injured worker complained of bilateral pain to his shoulders as well as the whole left side of her body hurting with rib pain on the right. However, and there is no documentation to support neuropathic pain as per the guidelines. In addition, there is a lack of frequency of the medication and area of the body the medication is to be applied to note in the request as submitted. Therefore, the request for Mentherm Ointment dispensed on 01/30/14 is not medically necessary and appropriate.