

Case Number:	CM14-0040641		
Date Assigned:	06/27/2014	Date of Injury:	09/07/2012
Decision Date:	07/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine and is licensed to practice in California. 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 35 year old female who was injured on 09/07/2012. She sustained a taxi injury. The prior treatment history includes chiropractic care. A subjective, objective, assessment, and plan note dated 03/10/2014 states the patient complained of neck, upper back, right shoulder, right elbow, and right hand pain with radiation to the right arm. There is associated numbness and tingling as well as weakness in the right arm. She rated her pain as 9/10. On exam, she has tenderness to palpation over the right cervical paraspinal muscles. There is positive Spurling's maneuver on the right. The right shoulder reveals tenderness to palpation over the lateral/posterior aspect of the shoulder. The patient is diagnosed with disorders of the bursae and tendons in the shoulder region. The physical therapy twice a week for 5 weeks was recommended increase range of motion and muscle strength. The patient was also prescribed Methoderm topical analgesic lotion. A prior utilization review dated retrospective (2/12/14) Methoderm Ointment 120mg 240ml is not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (2/12/14) Methoderm Ointment 120mg 240ml: 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: This is a request for Mentherm ointment for a 35 year old female with chronic neck and shoulder pain and date of injury of 9/7/12. Mentherm contains Methyl Salicylate. According to MTUS guidelines, topical NSAIDs may be recommended for short-term treatment (4-12 weeks) of osteoarthritis in joints amenable to topical application. However, topical NSAIDs are not recommended for the spine or shoulder. There are not recommended for neuropathic pain. The patient is prescribed this medication on a chronic basis. Therefore the request is not medically necessary.