

Case Number:	CM14-0054808		
Date Assigned:	07/07/2014	Date of Injury:	07/10/2012
Decision Date:	12/24/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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, has a subspecialty in Pain 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 injured worker is a 50-year-old female, with a reported date of injury of 07/10/2012. The injured worker slipped and fell on some oil and landed on her right shoulder and right elbow. The current diagnoses include status lumbar spine strain/strain, and stress. The past diagnosis include status post right shoulder surgery on 03/31/2012, status post right wrist carpal tunnel release on 12/27/2012, and lumbar spine musculoligamentous injury. The treatments included physical therapy; medications; orthopedic care; MRI of the right shoulder, which showed cuff tendinosis, joint effusion and a subchondral cystic lesion of the glenoid fossa; and aquatic therapy. The medical records indicated that all of the prescribed pain medications helped, except the Lorcet Plus. The medical record dated 09/11/2013 noted that the injured worker complained of pain in her right shoulder, right wrist and low back. She rated the pain a 7 out of 10. The injured worker had completed all of her physical therapy sessions, and the plan was to refer her for aquatic therapy. The Lorcet Plus was discontinued. The injured worker was given a prescription for Norco 10/325 mg, Anaprox 550mg, and Protonix 20mg. The medical record dated 03/14/2014 indicated that the injured worker continued to complain of pain in the right shoulder. She reported minimal pain in the right wrist and low back, and rated the shoulder pain 7 to 8 out of 10, without medication or therapy. The physical exam of right shoulder showed tenderness to palpation over the anterior and posterior aspects, full range of motion, and a positive Neer's test. An exam of right wrist revealed no tenderness to palpation, no swelling, and full range of motion. An exam of lumbar spine revealed tenderness to palpation over the spinous process from L1-L5, no swelling, full range of motion with discomfort upon flexion. There was a negative straight leg raise, and intact heel/toe walking. The treating physician indicated that the injured worker would require the continuation of medications for the maintenance of her activities of daily living. She would return to work full duty on a trial basis on 03/24/2014. On

03/26/2014, Utilization Review (UR) denied the request for Mentoderm 120ml, apply to affected areas two (2) times per day, as needed. The UR physician noted that the MTUS guidelines indicated that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The UR physician also noted that there is no evidence of failed trials of first-line recommendations, and that the medical necessity of the requested medication had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm 120 ml, apply to affected areas 2 times per day p.r.n.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for mentoderm, California Medical Treatment Utilization Schedule (MTUS) states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested mentoderm is not medically necessary.