

Case Number:	CM14-0056611		
Date Assigned:	07/09/2014	Date of Injury:	06/09/2011
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Osteopathic Manipulative Medicine and is licensed to practice in Arizona. 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:

This is a 48-year-old female who sustained a work related injury on 6/11/2011 as a result of lifting a heavy trash bag when she felt a pulling pain in her neck and shoulder. Since then she has had a near continuous complaint of neck, right shoulder and bilateral wrist pain. Her pain is rated at 9/10 with activities of daily living (standing, lifting, mopping, pushing, gripping and grasping) exacerbating her condition. Her discomfort is decreased with stretching, medication, rest and sleeping. Her physical exam is significant for mild tenderness to palpation of the cervical and upper thoracic paraspinous region with associated right trapezius tender to palpation. There is a mild loss of cervical motion. She has tenderness of the insertion of the right supraspinatus tendon, upper trapezius, levator and rhomboid muscle group. She also has tenderness of the acromioclavicular joint with spasm. She has a decrease in active range of motion of the right glenohumeral joint with a decreased flexion muscle strength testing and positive Neer's and Hawkins provocative testing. She has undergone electromyography (EMG) testing that identified moderately severe right and moderate left carpal tunnel syndrome. The patient is status post carpal tunnel release, right on October 22, 2012 and left on January 15, 2013. Her treatment regimen thus far includes pain medications such as Ibuprofen, Tylenol with Codeine, Cyclobenzaprine (muscle relaxants) and physical therapy. The patient has been authorized an awaiting arthroscopic right shoulder surgery at the time of the utilization review. In dispute is a decision for Methoderm Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 105.

Decision rationale: Salicylate topical is a recommended medication. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain and systemic side effects therefore, Mentoderm Gel is medically necessary.