

<b>Case Number:</b>	CM14-0063955		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/10/1995
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 04/10/1995. The mechanism of injury was not provided with the documentation submitted for review. The injured worker's diagnosis was noted to be rotator cuff tear of the right shoulder. On 01/28/2014, a progress report notes the injured worker was examined for persistent problems with his shoulder. The progress report fails to present an objective physical examination. The treatment plan was for physical therapy in order to improve range of motion. The rationale for the request was not provided. The request for authorization for medical treatment was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm:** 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 Salicylates, Topical Analgesics, page(s) 105, 111 Page(s): 105, 111.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state 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 and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines further indicate that topical salicylates are appropriate for the treatment of pain. The documentation submitted for review does not provide an adequate pain assessment. The documentation provided does not indicate failure of antidepressants or anticonvulsants. The provider's request fails to provide a dose, frequency, and quantity. Therefore, the request for Methoderm is not medically necessary.