

Case Number:	CM14-0082364		
Date Assigned:	07/21/2014	Date of Injury:	02/23/2013
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 and Rehabilitation 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:

This 52 year-old male Correctional Officer sustained a left shoulder injury on 2/23/13 from learning to use a new weapon all day while employed by [REDACTED]. Request under consideration include Mentherm Gel. The patient is s/p left shoulder arthroscopic rotator cuff repair with decompression. Report of 3/11/14 from the pain management provider noted the patient s/p 20 physical therapy sessions, steroid injection to the shoulder providing a few days of relief. Treatment plan included 6 PT sessions, 8 acupuncture visits, TENS unit, Medrox cream and naprosyn. Report of 4/17/14 from the provider noted the patient with ongoing left shoulder pain rated at 3/10. Medications are tolerated and were helping. Medications list Norco, Mentherm Gel. Diagnoses were shoulder joint pain/ rotator cuff sprain/strain; sleep disturbance. Treatment plan included continuing with PT, acupuncture, TENS trial and the patient remained off work. The request for Mentherm Gel was non-certified on 5/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed Page(s): 111-113.

Decision rationale: This 52 year-old male Correctional Officer sustained a left shoulder injury on 2/23/13 from learning to use a new weapon all day while employed by [REDACTED]. Request under consideration include Mentherm Gel. The patient is s/p left shoulder arthroscopic rotator cuff repair with decompression. Report of 3/11/14 from the pain management provider noted the patient s/p 20 physical therapy sessions, steroid injection to the shoulder providing a few days of relief. Treatment plan included 6 PT sessions, 8 acupuncture visits, TENS unit, Medrox cream and naprosyn. Report of 4/17/14 from the provider noted the patient with ongoing left shoulder pain rated at 3/10. Medications are tolerated and were helping. Medications list Norco, Mentherm Gel. Diagnoses were shoulder joint pain/ rotator cuff sprain/strain; sleep disturbance. Treatment plan included continuing with PT, acupuncture, TENS trial and the patient remained off work. The request for Mentherm Gel was non-certified on 5/5/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of February 2013 without documented functional improvement from treatment already rendered. The Mentherm Gel is not medically necessary and appropriate.