

Case Number:	CM14-0089678		
Date Assigned:	07/23/2014	Date of Injury:	03/21/2011
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Texas and Oklahoma. 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 65-year-old female who reported an injury on 03/21/2011. On 05/07/2013, the injured worker presented with shoulder pain. Upon examination, the injured worker's range of motion was restricted in internal rotation, extension and abduction. There was weakness of motor strength of the right upper extremity compared to the left side. The diagnoses were status post right shoulder surgery x3, and right reverse total arthroplasty. Current medications included Menthoderm gel. The provider recommended a retrospective request for Menthoderm gel 240 grams with a quantity 1 and a date of service of 05/07/2014. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm Gel 240gm #1, DOS 5/7/2014: Upheld

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

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

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is then not recommended. There was a lack of documentation that the injured worker failed a trial of antidepressants and anticonvulsants. Additionally, the provider's request does not indicate the frequency of the medication or the site that the gel is intended for in the request as submitted. As such, the request is not medically necessary.