MAXIMUS Federal Services

| Case Number: | CM14-0094299 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 07/24/2013 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

## 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 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 54 year old male who had a work related injury on 07/24/13. The mechanism of injury was noted to be a fall. He has been diagnosed with spinal stenosis in the cervical region, medial epicondylitis in the elbow region, lateral epicondylitis, complete rupture of the rotator cuff, sprain of unspecified site of shoulder and upper arm, sprain of other specified sites of elbow and forearm, and sprain of the neck. The most recent documentation submitted for review is dated 05/08/2014. The injured worker was in for follow up complaining of left shoulder joint discomfort getting better with surgery. He was to take off the brace support, start moving the shoulder with other supportive. He stated that the discomfort was certainly coming back again. He became worried and came back for further evaluation and plan for treatment. On physical examination the injured worker is in slight distress. His left shoulder joint, surgical wound site was healing well. The left arm in the abduction brace support, surrounding the shoulder, surgical wound site, was slightly oversensitive. There was significant weakness and significant stiffness. His diagnosis is a rupture of the rotator cuff. Plan started on intensive occupational therapy program, pain medication as needed and the use of local cream which is Menthoderm 120 grams. Prior utilization review on 05/20/14 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Menthoderm 120gm #1 DOS: 5/8/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain Menthol and Methyl Salicylate. Topical salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the retrospective request for Menthoderm 120 gm #1, DOS 5/8/14, is not medically necessary.