

Case Number:	CM14-0203035		
Date Assigned:	12/15/2014	Date of Injury:	02/27/2013
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 02/27/13 when, while working in a laundry, he struck his left chest on an iron bar. He sustained an open wound. He subsequently developed right upper extremity overuse syndrome. On 11/04/13 he was having right shoulder pain. Physical examination findings included decreased shoulder range of motion with severe tenderness. He was diagnosed with a chest wall contusion and impingement syndrome. An MRI of the shoulder on 11/20/14 was normal. He was seen by the requesting provider on 09/19/14. He was having right shoulder pain rated at 3-4/10. Physical examination findings included decreased right shoulder range of motion. Naprosyn and Menthoderm were prescribed. He was to continue a home exercise program and use of TENS and modalities. He was seen on 10/09/14 for an AME. He had not returned to work. He was having left rib and chest wall pain and right shoulder pain rated at 4-9/10. He was having difficulty performing activities of daily living. Physical examination findings included positive right shoulder impingement and apprehension testing. He had diffuse right shoulder and left chest wall tenderness. There was decreased shoulder range of motion. On 11/11/14 pain was rated at 3/10. The results of the AME were reviewed. He was considered permanently and permanent and stationary. Medications were refilled. Authorization for a shoulder MRI was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120mg (unspecified amt/dosage): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant is nearly than 2 years status post work-related injury and continues to be treated for chronic right shoulder and left sided chest wall pain. Mentherm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has localized peripheral pain that could be amenable to topical treatment. Therefore, Mentherm is medically necessary.

Fenorofren 400mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant is nearly than 2 years status post work-related injury and continues to be treated for chronic right shoulder and left sided chest wall pain. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of Fenoprofen is 300 - 600mg 3 to 4 times per day with a maximum daily dose of 3200mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.