

<b>Case Number:</b>	CM14-0041791		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 51-year-old male with date of injury of 12/16/2009. Diagnoses from 02/13/2014 are: 1. Lumbosacral musculoligamentous strain/sprain 2. Lumbosacral spine discogenic disease, MRI dated 01/23/2012 3. Right shoulder strain/sprain in exacerbation 4. Right shoulder tendinopathy, MRI dated 03/15/2011 5. Right shoulder impingement syndrome, MRI dated 03/15/2011 6. Right rotator cuff tear, MRI dated 03/15/2011 7. Hypertension 8. Gastritis 9. Depression/anxiety 10. Sleep disturbance secondary to pain According to this report, the patient complains of low back and right shoulder/arm pain. He rates his pain 7-8/10. Examination shows Grade2 tenderness to palpation over the paraspinal muscles in the lumbar spine. Range of motion is restricted. There is a grade 2 tenderness to palpation in the right shoulder and right arm. No other findings were noted on this report. Treatment reports from 12/05/2013 to 11/18/2014 were provided for review. The utilization review denied the request on 03/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Lotion:** 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 Creams; Topical Analgesics Page(s): 111,113.

**Decision rationale:** This patient presents with low back and right arm/shoulder pain. The physician is requesting Methoderm Lotion. Methoderm cream/gel contains methyl salicylate and menthol. The MTUS guidelines, page 111 on topical NSAIDs states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment of osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period." In addition, MTUS states that it is indicated for osteoarthritis and tendinitis of the knee and elbow and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. Also, topical NSAIDs are recommended for short-term use, between 4 to 12 weeks. The records show that the patient was prescribed Methoderm lotion on 01/13/2014. The physician does not discuss what this lotion is to be used for. However, it would appear that the physician is prescribing this medication for the patient's back and right shoulder/arm. Methoderm lotion is only indicated for osteoarthritis and tendinitis of the knee, elbow, and other peripheral joints and is not recommended for the spine, hip, or shoulder. The request is not medically necessary.