

<b>Case Number:</b>	CM15-0003802		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old female who reported an injury on 09/09/2013, due to an unspecified mechanism of injury. On 02/04/2015, she presented for an evaluation. She reported persistent shoulder pain, rated at a 7/10 without medication and a 4/10 with medications. She was reportedly doing physical therapy, which had been helping, and was status post 2 surgeries on the shoulder, most recently in 07/2014. Her medications included cyclobenzaprine as needed for muscle spasms, tramadol ER for long acting pain relief, and naproxen for pain and inflammation. A physical examination showed normal reflex, sensation and power testing to the bilateral upper and lower extremities. Straight leg raise and bow strings were negative bilaterally; she had a normal gait, and she could heel walk and toe walk bilaterally. There was mild cervical tenderness with mild spasms noted in the paraspinal musculature. Cervical spine range of motion was noted to be functional, and she had a negative Lhermitte's and Spurling's sign. Shoulder range of motion was noted to be improved without impingement, and she had mild shoulder tenderness. She was diagnosed with left shoulder internal derangement, status post left shoulder subacromial decompression x2, and possible persistent pathology versus slower than normal recovery. The treatment plan was for Methoderm ointment 120 mL. The rationale for treatment was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Ointment 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** According to the California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the shoulder and mildly with the cervical spine. However, there is a lack of documentation indicating that the injured worker has any neuropathic pain to support the request for a topical analgesic. In addition, the documentation provided does not indicate that she had tried and failed recommended oral medications. Furthermore, the frequency and quantity of the medication was not provided within the request. Given the above, the request is not medically necessary.