MAXIMUS Federal Services

Case Number:	CM15-0108227		
Date Assigned:	06/12/2015	Date of Injury:	05/12/2012
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male who sustained an industrial injury on 05/12/2012. Initial X-rays revealed a non-displaced fracture of the distal third clavicle. After conservative measures failed, the injured worker underwent left shoulder surgery on July 26, 2013 December 13, 2013. The injured worker has been diagnosed of left clavicular fracture, status post-surgery and left shoulder sprain. Treatment to date includes, conservative measures, physical therapy, immobilization, sling, surgical intervention times 2, home exercise program and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience left shoulder pain and rates his pain level at 5/10 with medications. Examination demonstrated stiffness and tenderness of the left cervical paravertebral muscles. Cervical spine range of motion was full and without pain. The left shoulder had muscle atrophy with tightness on the left acromioclavicular joint and tenderness on the medial border of the left scapular area. Abduction was to 140 degrees with pain and restriction past that point. Extension, internal and external rotations were also restricted. There was noted weakness with grasp and grip of the left hand. Left impingement signs were positive. Current medications are listed as Fenoprofen and topical analgesics. Treatment plan consists of continuing with home exercise program, modified work duties and the current request for Menthoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); National Guidelines Clearinghouse.

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

Decision rationale: The injured worker sustained a work related injury on 05/12/2012. The medical records provided indicate the diagnosis of left clavicular fracture, status post-surgery and left shoulder sprain. Treatment to date includes, conservative measures, physical therapy, immobilization, sling, surgical intervention times 2, home exercise program and medications. The medical records provided for review do not indicate a medical necessity for Menthoderm gel 240gm. Menthoderm is a topical analgesic containing methyl salicylate and menthol. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since menthol is not recommended.