MAXIMUS Federal Services

| Case Number: | CM15-0130961 | | |
|---|---|---|---|
| Date Assigned: | 07/17/2015 | Date of Injury: | 01/25/2006 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

## 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: New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 1/25/06. She reported complained of shoulders and neck injury after lifting heavy items at work. The injured worker was diagnosed as having status post right arthroscopic subacromial decompression with persistent symptoms, status post shoulder surgery (2), trapezial and paracervical strain, left carpal tunnel syndrome, left toes and lower extremity injury and status post cervical decompression and fusion. Treatment to date has included right arthroscopic subacromial decompression, chiropractic treatment, acupuncture, physical therapy, lumbar epidural steroid injections and oral medications including Voltaren 100mg, Prilosec 20mg, Celebrex 200mg, Cymbalta 60mg, Norco 5/325mg, Seroquel 25mg and Trazodone 100mg and topical Menthoderm gel 120gms. Currently on 6/5/15, the injured worker complains of increasing pain and stiffness in right shoulder over the past several months, she denies re-injury. She is currently not working. Physical exam dated 6/5/15 noted moderate stiffness in the right shoulder with painful range of motion and slight trapezial and paracervical tenderness on the right. The treatment plan included a Voltaren 100mmg, Prilosec 20mg and Menthoderm Gel 120gms. A request for authorization was submitted for (MRI) magnetic resonance imaging of right shoulder on 5/10/15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Menthoderm Gel 120g:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, Menthoderm Gel contains methyl salicylate and menthol. There is a lack of documentation that the injured worker is intolerant of other treatments. Menthol is not recommended due to lack of supporting guidelines. Documentation does not support the failed trials of first line NSAIDs. In addition, since the guidelines do not recommend one of the ingredients, there is no medical necessity for this compound. Medical necessity for the requested topical agent is not established. The requested Menthoderm gel is not medically necessary.

**1 MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** According to the ACOEM Guidelines (2009), (MRI) magnetic resonance imaging of the shoulder should be performed when surgery is being considered, it may be the preferred investigation because it demonstrates soft tissue anatomy better and to further evaluate the possibility of potentially serious pathology. The injured worker has been treated conservatively despite continued chronic shoulder pain. At this time the (MRI) magnetic resonance imaging would probably not change the management of the injured worker. The request for the (MRI) magnetic resonance imaging of the right shoulder is not medically necessary.