

<b>Case Number:</b>	CM15-0138020		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	05/22/2005
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Massachusetts

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 71 year old male, who sustained an industrial injury on May 22, 2005, incurring right shoulder injuries. He was diagnosed with a right shoulder sprain, and right shoulder rotator cuff tear. Treatment included topical analgesic ointment, shoulder sling, pain medications, physical therapy, and home exercise program, joining a gym, weight reduction and activity modifications. Currently, the injured worker complained of persistent pain in the right shoulder radiating into the neck and down the right arm. He rated his pain level 8 on a pain scale from 1 to 10. Pain medication makes him more tolerable of the pain. The treatment plan that was requested for authorization included prescriptions for Norco and Methoderm gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120, 30-day supply, no refills (one PO Q 6 hours):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 76-78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for right shoulder pain. Medications are referenced as decreasing pain from 8-9/10 to 4-5/10 with improved shoulder mobility and ability to perform activities. When seen, there was right shoulder acromioclavicular joint tenderness with significantly decreased range of motion and positive impingement testing. There was right elbow and wrist tenderness. Methoderm and Norco were prescribed. The total MED (morphine equivalent dose) was 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved shoulder mobility and activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Methoderm gel (unspecified frequency) #120gm, 30-day supply, no refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for right shoulder pain. Medications are referenced as decreasing pain from 8-9/10 to 4-5/10 with improved shoulder mobility and ability to perform activities. When seen, there was right shoulder acromioclavicular joint tenderness with significantly decreased range of motion and positive impingement testing. There was right elbow and wrist tenderness. Methoderm and Norco were prescribed. The total MED (morphine equivalent dose) was 40 mg per day. Methoderm 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 and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. 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. Methoderm was medically necessary.