

Case Number:	CM15-0161184		
Date Assigned:	08/28/2015	Date of Injury:	05/14/2012
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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
 Certification(s)/Specialty: Emergency 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 with an industrial injury dated 05-14-2012. The injured worker's diagnoses include cervicgia and lesion of ulnar nerve. Treatment consisted of Magnetic Resonance Imaging (MRI) of right shoulder dated 07-10-2015, prescribed medications, acupuncture, cognitive behavioral therapy and periodic follow up visits. In a progress note dated 07-06-2015, the injured worker reported mild pain and numbness to left hand and wrist and bilateral elbow. The injured worker rated pain a 3 out of 10. Objective findings revealed mild tenderness to palpitation over bilateral superior trapezius, levator scapula and rhomboid musculature. The treatment plan consisted of medication management and Magnetic Resonance Imaging (MRI). Utilization Review was done on 8/3/15, which did not mention the MRI done on 7/10/15 leading to me to conclude that this MRI was the requested service under review. Any progress notes or MRI results after 7/6/15 was not reviewed since prospective information does not retrospectively change criteria used in independent medical review. The treating physician prescribed services for MRI of the right shoulder, quantity: 1 and Mentherm 15% analgesic gel 120ml, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right shoulder, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: As per ACOEM guidelines, imaging of affected shoulder may be considered in emergency "red flag" symptoms, neurovascular compromise, failure to progress in strengthening program intended to prevent surgery and pre-invasive procedure. Provider documents only complaints of pain. Provider has documented a "normal" shoulder exam and has no documented any conservative care or therapy attempted thus far for claimed shoulder pain. MRI of shoulder is not medically necessary.

Menthoderm 15% analgesic gel 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Mentoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). It is a compounded product. As per MTUS chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. Pt has chronic pains especially in the shoulder and neck with no documented improvement. It is unclear where patient is using this product. MTUS recommends short term (4-12 weeks) while the patient has reportedly been using this for much longer time period for at least 3months. Mentoderm is also a compounded product, it is unclear why patient requires a compounded substance when multiple non-compounded, FDA approved over the counter topical products are readily available. The long term continued use of Mentoderm is not medically necessary.