

Case Number:	CM15-0185441		
Date Assigned:	09/25/2015	Date of Injury:	09/07/2010
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 9-7-10. The injured worker was diagnosed as having cervical radiculitis and disorder of the rotator cuff. Treatment to date has included Mentherm gel. On 8-27-15 the treating physician noted "with regard to functional limitations during the past month, the patient avoids physically exercising and participating in recreation because of his pain." Physical examination findings on 8-11-15 included tenderness to palpation over the left superior trapezius and the posterior aspect of the shoulder. Hawkins's test was positive on the left and sensation was diminished over the C7 and C8 dermatomes of the left upper extremity. On 8-11-15 pain was rated as 7 of 10 at worst and 6 of 10 at best. The injured worker had been using Mentherm gel since at least August 2015. On 8-11-15, the injured worker complained of pain in the left shoulder, bilateral arms, and the left elbow associated with numbness of the arms, tingling of the hands, and weakness of the arms and hands. On 8-27-15 the treating physician requested authorization for Mentherm 15% gel for the neck. On 9-4-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 15% gel for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Methoderm 15% gel for the neck. The RFA is from 08/27/15. Treatment today has included medications. The patient is permanent and stationary, and it is unclear if the patient has returned to work. Methoderm gel contains Methyl salicylate and Menthol. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." On 8-27-15, the patient reported pain in the left shoulder, neck, arms and left elbow. Physical examination findings include tenderness to palpation over the left superior trapezius and the posterior aspect of the shoulder. Hawkins's test was positive on the left and sensation was diminished over the C7 and C8 dermatomes of the left upper extremity. The treater recommended Methoderm analgesic gel to be used two to three times daily as needed as a topical anti-inflammatory. The current request is for Methoderm for the patient's neck. There is no prior reports that discuss this medication. MTUS supports the use of this medication for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, and not recommended for the treatment of osteoarthritis of the spine, hip or shoulder. Given that the request is specific to the patient's neck, the requested Methoderm cannot be supported. This request is not medically necessary.