

Case Number:	CM15-0188808		
Date Assigned:	09/30/2015	Date of Injury:	01/16/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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 52 year old female, who sustained an industrial injury on 1-16-2013. The injured worker is being treated for disorders of bursae and tendons in shoulder, cervicgia, opioid type dependence and chronic pain syndrome. Treatment to date has included surgical intervention of the right shoulder x 5 (most recently arthroscopic rotator cuff repair on 1-13-2015), followed by physical therapy, and medications. Per the SOAP dated 8-18-2015 the injured worker was being treated by physical therapy for frozen shoulder release. The plan of care included continuation of Norco because she is in surgery and lives with constant pain. Per the SOAP note dated 5-27-2015 she reported 5 out of 10 pains with 4 at its best and 8 at its worst. She states that symptoms have been worsening and pain is relieved by medication, ice, and rest. The pain in her neck is 50% of the pain and the pain in her arm is 50% of the pain. Objective findings included tenderness to palpation over the cervical paraspinal muscles and marked tenderness to palpation at the posterior shoulder, supraspinatus and anterior shoulder at biceps tendon. The IW has been prescribed opioid pain medications since at least 1-2015. Per the medical records dated 1-2015 to 8-18-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. The plan of care included oral and topical medications. Authorization was requested for 120mL Methoderm and hydrocodone-APAP 10-325mg #120. On 9-08-2015, Utilization Review non-certified the request for 120mL Methoderm and modified the request for hydrocodone-APAP10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (Topical) 120ml: 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 injured worker sustained a work related injury on 1-16-2013. The medical records provided indicate the diagnosis of bursae and tendons in shoulder, cervicalgia, opioid type dependence and chronic pain syndrome. Treatment to date has included surgical intervention of the right shoulder x 5 (most recently arthroscopic rotator cuff repair on 1-13-2015), followed by physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Mentoderm (Topical) 120ml. The MTUS does not recommend the use of any topical analgesic that contains a non recommended agent. Mentoderm contains methyl Salicylate and the non recommended agent, menthol.