

<b>Case Number:</b>	CM15-0193856		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, New York, California  
 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:

This 49 year old female sustained an industrial injury on 7-14-14. Documentation indicated that the injured worker was receiving treatment for right shoulder rotator cuff tear. Previous treatment included physical therapy, injection and medications. In an agreed medical evaluation dated 2-13-15, the physician indicated that the injured worker had received one physical therapy session but was unable to get off work for further sessions. In a PR-2 dated 3-3-15, the injured worker complained of ongoing right shoulder pain, rated 6 to 7 out of 10 on the visual analog scale. The injured worker had received a right shoulder injection for diagnostic purposes. The physician noted that right shoulder rotator cuff tear had been confirmed by magnetic resonance imaging. Physical exam was remarkable for continued and increasing tenderness to palpation at the acromial joint, supraspinatus tendon and deltoid muscle, positive impingement sign, painful range of motion with flexion 105 degrees, abduction 100 degrees, extension 25 degrees, internal rotation 80 degrees and external rotation 60 degrees. The treatment plan included physical therapy twice a week for six weeks, continuing home exercise and Methoderm gel. In the most recent documentation submitted for review, a PR-2 dated 5-4-15, the injured worker complained of constant right shoulder pain, rated 6 out of 10, with popping and catching. No objective findings were documented. The physician stated that the injured worker needed time off work to complete physical therapy. The treatment plan included a functional capacity evaluation, range of motion testing, follow up with shoulder surgeon after completing physical therapy and continuing Methoderm gel. On 9-10-15, Utilization Review noncertified a request for Methoderm ointment 120gm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm ointment 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

**Decision rationale:** No, the request for topical Mentoderm ointment, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentoderm are indicated in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, handwritten progress notes of March 3, 2015 and May 4, 2015 seemingly failed to incorporate any discussion of medication efficacy. The applicant's work and functional status were not clearly detailed or characterized, although the applicant did not appear to be working with permanent limitations imposed by a medical-legal evaluator on those dates. The attending provider failed to outline evidence of functional improvement as defined in MTUS 9792.20(e) with ongoing Mentoderm usage via the March 3, 2015 and May 4, 2015 office visits at issue. Therefore, the request is not medically necessary.