

Case Number:	CM15-0196090		
Date Assigned:	10/09/2015	Date of Injury:	12/05/2012
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male, who sustained an industrial injury on 12-05-2012. The injured worker was diagnosed as having carpal tunnel syndrome, cervicalgia, suprascapular neuropathy, and disorders of bursae and tendons in shoulder region, unspecified. Treatment to date has included diagnostics, physical therapy, right shoulder surgery in 7-2013, fluoroscopically guided right suprascapular nerve steroid injection on 4-21-2015 and 9-01-2015, and medications. Currently (9-15-2015), the injured worker complains of pain in his right shoulder radiating into occipital-temporal aspect of his head, as well as his right upper back and right arm, associated with tingling and numbness in the right arm and weakness in the right arm and hand. Pain was currently rated 5 out of 10 (rated 5 out of 10 on 8-08-2015) and average pain level in the past 7 days was 4-5 out of 10 (rated 4-5 out of 10 on 8-08-2015). He reported "a profound analgesic effect" after injection on 9-01-2015, noting "improved functional status and decreased intake of analgesics". Exam of the cervical spine noted "limited range of particularly upon extension and side bending", tenderness to palpation over the right cervical paraspinal muscles and cervical facets, and positive Spurling's maneuver on the right. Exam of the right brachial plexus noted reproducible pain (with mild pressure and thumb tapping) and paresthesias in the upper and medial borders of the right scapula and down to the right hand and fingers. There was also tenderness to palpation over the anterior and middle scalene muscles and right interscalene groove. Exam of the right shoulder noted forward flexion to 70 degrees and abduction 80 degrees, tenderness to palpation over the anterior, lateral and posterior aspects, positive Hawkin's, drop test, Yergason's, and crossed arm adduction test. Motor was 4 of 5 in

right shoulder flexion and abduction, right elbow flexion and extension, right wrist flexion and extension, right grip strength, and right intrinsic hand musculature. Diminished sensation was noted in the right C6 and C7 dermatomes and deep tendon reflexes were 1+ and symmetric in the bilateral upper extremities. Medications included Tramadol ER, Nabumetone, Omeprazole, Duloxetine, and Menthoderm topical analgesic (used since at least 8-08-2015). Failed medications were not noted, but previously prescribed medications included Naproxen and Neurontin. Work status was temporary partial disability. Per the Request for Authorization dated 9-22-2015, the treatment plan included Menthoderm 120gm, non-certified by Utilization Review on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120 gram: Upheld

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

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

Decision rationale: Menthoderm 120 gram is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Menthoderm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation of intolerance to oral medications or failure of all antidepressants and anticonvulsants. The request for Menthoderm does not specify a quantity. For all of these reasons this request is not medically necessary.