

<b>Case Number:</b>	CM15-0196522		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

This 28 year old female sustained an industrial injury on 2-27-13. Documentation indicated that the injured worker was receiving treatment for myofascial pain syndrome, cervical spine sprain and strain and right rotator cuff syndrome. Previous treatment included right shoulder arthroscopy with debridement (1-27-14), transcutaneous electrical nerve stimulator unit, injections and medications. Magnetic resonance imaging lumbar spine (3-28-15) showed disc desiccation with disc extrusion and an annular tear at L5-S1. In a Pr-2 dated 8-26-15, the injured worker complained of increased pain in the lumbar spine with radiation to the right buttock and right shoulder pain. Physical exam was remarkable for positive right lumbar spine facet maneuver, lumbar spine with spasms at the paraspinal musculature, "decreased" range of motion to the back and right shoulder, "decreased" right shoulder strength. The treatment plan included continuing medications (Omeprazole, Flexeril, Neurontin, Voltaren XR and Lidopro) and requesting authorization for Menthoderm gel, lumbar medial branch blocks and transcutaneous electrical nerve stimulator unit pads. On 9-15-15, Utilization Review noncertified a request for Menthoderm #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm #2:** 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): Topical Analgesics.

**Decision rationale:** The patient presents with pain lumbar spine radiating to right buttock. Also has pain in the right shoulder. The request is for Methoderm #2. The request for authorization is dated 08/26/15. The patient is status post right shoulder surgery. Patient's diagnoses include myofascial pain syndrome; strain(s), lumbar spine; rotator cuff syndrome, right; lumbosacral radiculopathy; lumbosacral facet syndrome, right. Physical examination reveals positive right lumbar spine facet maneuver. Decreased range of motion of back and right shoulder. Decreased strength of right shoulder. Patient's medications include Omeprazole, Flexeril, Neurontin, Voltaren, and Lidopro. Per work status report dated 08/26/15, the patient is on modified 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. Per supplemental report dated 09/16/15, treater's reason for the request is "The patient had been given Neurontin in the past for her arm paresthesias from her myofascial pain, but since it was not sufficient to control her numbness, she was given menthoderm on September 10, 2014. Moreover, this topical is even more essential since she is not interested in taking narcotics." In this case, although the patient suffers from arm paresthesia, treater does not discuss or document the patient with joint arthritis/tendinitis for which Methoderm would be indicated. Topical NSAIDs are not indicated for shoulder and axial spinal pains, nor are they indicated for myofascial pains. Furthermore, MTUS requires recording of pain and function when medications are used for chronic pain (p60), which the treater does not document. Therefore, the request IS NOT medically necessary.