

Case Number:	CM15-0209277		
Date Assigned:	10/28/2015	Date of Injury:	02/05/2013
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 02-05-2013. A review of the medical records indicates that the worker is undergoing treatment for status post right shoulder rotator cuff repair and distal clavicle excision, status post right carpal tunnel release and left shoulder impingement. Treatment has included Menthoderm gel (as far back as 2013), Voltaren, Celebrex, Ibuprofen, Ultram, Naprosyn, nerve block with Kenalog and Marcaine injection and repair of rotator cuff tear of right shoulder with acromioplasty, coracoacromial ligament release and distal clavicle excision on 01-07-2015. In a 06-09-2015 visit note, the worker was noted to report overall improvement in the right hand and shoulder. No pain ratings were provided. Objective findings showed forward elevation at 180 degrees, external rotation to 60 degrees and slight tenderness at the base of the right palm. Plan of care included Prilosec and continued stretching and strengthening. On 07-14-2015 the worker was noted to be six months post op. No subjective findings were documented and no pain ratings were provided. Objective findings showed excellent motion and moderate tenderness in the anterior right shoulder and right palm. Treatment plan included Prilosec, Menthoderm gel, Celebrex and ongoing stretching and strengthening. Subjective complaints (08-18-2015) included increasing bilateral shoulder pain. Objective findings (08-18-2015) included moderate tenderness over the anterior shoulder and greater tuberosity, left shoulder positive impingement sign, tenderness over the AC joint and greater tuberosity and moderate tenderness in the right palm. Ultrasound of the left shoulder was noted as being performed. The worker was given nerve block to the left shoulder followed by injection of the left shoulder subacromial space with Kenalog and

Marcaine done under ultrasound-guided needle placement. Menthoderam gel was also prescribed. Documentation shows that the worker has a history of gastritis and acid reflux and had but there is no documentation of the status of gastrointestinal issues in the most recent progress notes. The effectiveness of Menthoderam gel at alleviating pain was not documented. Documentation shows that nerve block and injection of Kenalog and Marcaine was administered for right shoulder and palm pain on 10-14-2014, however there was no indication as to the level of effectiveness of the injection. Work status was temporarily partially disabled and the worker was noted to be off work. A utilization review dated 10-16-2015 non-certified a request for retrospective Menthoderam ointment (DOS 8-18-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderam ointment (DOS 8/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Menthoderam beyond 1 month exceeds the trial period recommended above. The claimant was on Menthoderam for over a year in combination with NSAIDs and COX2 inhibitors. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Menthoderam is not medically necessary.