

<b>Case Number:</b>	CM15-0210620		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: North Carolina

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 76 year old female, who sustained an industrial-work injury on 10-28-10. A review of the medical records indicates that the injured worker is undergoing treatment for disorder of bursa and tendon in the shoulder region, arthropathy of the shoulder region, carpal tunnel syndrome and cervicalgia. Medical records dated 9-8-15 indicate that the injured worker complains of increased right shoulder numbness and tingling. The injured worker had 2 right shoulder injections in 2013 with some benefits. The pain is rated 3 out of 10 on the pain scale which is the same as prior to the injection. He reports currently using only topical creams with benefit. He reports the pain and weakness have improved but the numbness persists. The pain is aggravated by activities and lifting and relieved with medication and rest. Per the treating physician report dated 9-8-15, the injured worker may return to work with restrictions. The physical exam reveals bilateral tenderness over the cervical muscles. There is limited range of motion in the bilateral shoulders, tenderness to palpation; there is positive Tinel sign on the left and no signs of muscle atrophy in the median nerve distribution. The sensory exam is grossly intact to light touch and pinprick in the upper and lower extremities. Treatment to date has included pain medication Naproxen, Gabapentin, Naproxen, Methoderm gel since at least 3-31-15, Lidopro cream, and other modalities. He reports inability to tolerate Gabapentin as it causes drowsiness, dizziness and constipation and Effexor causes elevated blood pressure. Naproxen was discontinued due to intermittent heartburn, acidity in the mouth and nausea relieved with Omeprazole. The request for authorization date was 9-11-15 and requested service included

Menthoderm 15% gel 120 ml. The original Utilization review dated 9-21-15 non-certified the request for Mentoderm 15% gel 120 ml.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Menthoderm 15% gel 120 ml:** 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.