

Case Number:	CM15-0050850		
Date Assigned:	03/24/2015	Date of Injury:	02/26/2013
Decision Date:	06/25/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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:

The applicant is a represented 41-year-old who has filed a claim for chronic wrist and shoulder pain reportedly associated with an industrial injury of February 26, 2013. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for Methoderm gel. A RFA form received on February 23, 2015 was referenced in the determination. The full text of the UR decision was not, however, seemingly attached to the application. The applicant's attorney subsequently appealed. In a February 10, 2015 letter, the attending provider appealed previously denied Methoderm. The appeal letter was highly templated and contained very little in the way of applicant-specific rationale, although the treating provider did suggest that a combination of Naprosyn, Prilosec, Neurontin, and Flexeril had obviated the need for opioid agents. In a progress note dated February 19, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of shoulder pain, exacerbated by overhead activity. The attending provider did seemingly suggest that the applicant's pain complaints had been effectively attenuated with ongoing medication consumption. The applicant was given diagnoses of rotator cuff syndrome versus nonspecific wrist pain versus myofascial pain syndrome. Naprosyn, Prilosec, Neurontin, and Methoderm were renewed while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm gel 120g #2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Yes, the request for topical Mentherm, a salicylate topical, is medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates such as Mentherm are recommended in the chronic pain context present here. Here, moreover, the attending provider posited that ongoing usage of Mentherm had proven effective in attenuating the applicant's pain complaints and facilitating the applicant's return to and/or maintenance of full-time, regular duty work status. Ongoing usage of Mentherm, the attending provider maintained, had obviated the need for opioid agents. All of the foregoing, taken together, does suggest that the applicant had derived appropriate functional improvement in terms of the parameters established in MTUS 9792.20e with ongoing Mentherm usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.