

Case Number:	CM14-0117700		
Date Assigned:	08/08/2014	Date of Injury:	02/27/2012
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 52-year-old man who was injured on Feb 27, 2012. His diagnoses include right supraspinatus tendinosis with interstitial tear, labral degeneration with acromioclavicular arthritis contributing to impingement, left rotator cuff tendinitis, bilateral lateral epicondylitis, L4-5 disc bulge. He has been treated with physical therapy, a brace, injections, Norco, Gabapentin, Anaprox, Protonix, Menthoderm cream, urine drug screen, full duty and a suggestion of platelet rich plasma treatment was made. Despite his treatments, his elbow pain was increasing and his bilateral shoulder pain was rated as 6/10 and 7-8/10 with radiation into his scapula and proximal arm as of the May 20, 2014 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm 4 times a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Menthoderm cream is methyl salicylate and menthol. It is indicated for temporary relief of minor aches and pains caused by arthritis, simple backache, strains, sprains,

and bruises. Per the MTUS Chronic Pain Guidelines, if one drug (or drug class) in a compounded product is not recommended, then the entire compound is not recommended. Menthol is not addressed in the MTUS Chronic Pain Guidelines; therefore this service is not medically necessary.