

Case Number:	CM14-0120659		
Date Assigned:	09/16/2014	Date of Injury:	01/31/2012
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 55-year-old male who was reportedly injured on 01/31/2012. Last progress report dated 06/2014 is a handwritten report that is illegible and difficult to decipher. Medications included omeprazole, Neurontin, Terocin patch and Motrin. Diagnoses included Myofascial Pain Syndrome, Repetitive Strain Injury (RUE/LUE), Cervical Spine Strain, Rotator Cuff Syndrome and status post left shoulder surgery. Home exercise program 2x/week. Positive left shoulder impingement, positive left Spurling, positive spasm, decreased sensation to left hand, decreased strength to bilateral shoulders and a left shoulder scar. A request was made for menthoderm gel 120gms bottle filled 2 and was not certified on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

menthoderm gel 120gms bottle filled 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Menthoderm Gel 120 grams #2 is not supported as medically necessary. The California Medical Treatment Utilization Schedule does not support

the use of topical analgesics noting the there are few randomized controlled trials from which to establish the efficacy of this class of medications. There is no indication from the clinical record that the use of this product results in pain relief or functional improvements. As such, the medical necessity is not established.