

<b>Case Number:</b>	CM14-0144619		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2014

### 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 Management and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker age 52. The date of injury is October 19, 2011. The patient sustained an injury to the left shoulder. The specific mechanism of injury was not elaborated on in the notes available for review. The patient has undergone left shoulder arthroscopic debridement and decompression. The patient currently complains of pain in the left shoulder worse with movement. The patient is maintained on the multimodal pain medication regimen including Methoderm cream. A request for Methoderm cream and a cortisone injection to the left shoulder was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Cream (No dosage available):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines- Salicylate Topicals

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Cortisone Shot to Left Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 4.

**Decision rationale:** According to the American College of occupational and environmental medicine cortisone injection of local anesthetic and steroid is indicated after conservative therapy has failed. According to the records available for review, the patient has trialed and failed at least three weeks of conservative therapy. Therefore at this time requirements for treatment have been met, this request is medically necessary.