

Case Number:	CM14-0161325		
Date Assigned:	10/06/2014	Date of Injury:	03/23/2012
Decision Date:	12/15/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Tennessee. 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 49-year-old male with a 3/23/12 date of injury. The only medical records provided for review was shoulder MRI report dated 5/4/14. According to the UR decision dated 9/19/14, the patient has seen on 7/21/14 for an agreed medical re-evaluation. He had left shoulder pain and had undergone left shoulder arthroscopy with postoperative therapy. On the exam, there was right shoulder weakness. On 8/5/14, he reported bilateral shoulder pain. On the exam, there was tenderness and spasms in the left trapezius. The left shoulder range of motion was improved, but was not quantified. Diagnostic impression: not noted. Treatment to date: medication management, surgery, physical therapy. A UR decision dated 9/19/14 denied the requests for capsaicin patch and Methoderm. Regarding capsaicin, there is no documentation indicating that the claimant has not responded to or is intolerant to other treatments. Regarding Methoderm, there is no documentation that the claimant is intolerant to oral medications. In addition, the guidelines do not recommend topical NSAIDS for treatment of osteoarthritis of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, there is no documentation as to the strength of the capsaicin patch requested. Guidelines do not recommend capsaicin in anything greater than a 0.025% formulation. In addition, there is no documentation that this patient is unable to tolerate oral medications. Therefore, the request for Capsaicin patches is not medically necessary.

Menthoderm 360gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentoderm has the same formulation of over-the-counter products such as BenGay. However, in the present case, a specific rationale identifying why this patient requires this brand name product as opposed to an over-the-counter generic equivalent was not provided. In addition, there is no documentation that this patient is unable to tolerate oral medications. Therefore, the request for Mentoderm 360gm was not medically necessary.