

<b>Case Number:</b>	CM14-0162616		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 40-year old male who sustained an industrial injury on 08/25/13. His prior evaluation included an MRI of C spine that revealed C5-6 HNP and an MRI of left shoulder that revealed DJD and tendinitis. His treatment included medications, physical therapy, shoulder injection, cervical epidural steroid injection, and anterior cervical discectomy with fusion at C5-C6 on 09/02/14. His medications included Doral, Norco, Zofran, Ultram, Ibuprofen and Methoderm. The progress note from 08/28/14 was reviewed. Subjective complaints included neck pain radiating into the left arm associated with weakness. He rated it at 9/10 without medications and 7/10 with medications. He had a shoulder injection that helped him for a short time. He was having spasms in his neck and shoulder which are decreased with a muscle relaxer. He was not working. Pertinent objective examination findings included numbness and weakness in left C6. He had posterior cervical and left shoulder tenderness with posterior spasms in the musculature. Cervical spine ROM was decreased with positive Spurling's test and mild left shoulder impingement. Diagnoses included cervical strain C5/6 HNP and left shoulder impingement. The request was for Methoderm topical and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Ointment 120ml #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 24. Decision based on Non-MTUS Citation Benzodiazepines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Topical Methoderm is made of Methyl salicylate and Menthol. According to MTUS, topical salicylates are significantly better than placebo for chronic pain. The guidelines state that topical NSAIDs are indicated for arthritis and tendinitis of joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The employee had history of cervical spine pain and shoulder tendinitis. The employee doesn't have a diagnosis for which topical NSAID is indicated according to the guidelines. Hence the request for prescription of Methoderm is not medically necessary or appropriate.