

Case Number:	CM14-0092297		
Date Assigned:	09/12/2014	Date of Injury:	01/26/2014
Decision Date:	10/07/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 Pain Management and Rehabilitation, and is licensed to practice in California. 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 41 year-old female food handler sustained a right shoulder injury on 1/26/14 from pushing a cart with malfunctioned wheels while employed by [REDACTED]. Request(s) under consideration include Menthoderm x 2 bottles and Acupuncture 2 x 4 to Right Shoulder. Conservative care has included medications, therapy, diagnostics and modified activities/rest. Report of 5/28/14 from the provider noted the patient with ongoing chronic right shoulder pain radiating to right hand. Exam showed shoulder impingement with diffuse decreased range of motion and strength in the right shoulder and decreased sensation in right hand. Treatment included medications and acupuncture. The request(s) for Menthoderm x 2 bottles was modified for over-the-counter salicylate such as BenGay and Acupuncture 2 x 4 to Right Shoulder was modified for 6 sessions on 6/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm x 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Methyl Salicylate

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

Decision rationale: This 41 year-old female food handler sustained a right shoulder injury on 1/26/14 from pushing a cart with malfunctioned wheels while employed by [REDACTED]. Request(s) under consideration include Mentherm x 2 bottles and Acupuncture 2 x 4 to Right Shoulder. Conservative care has included medications, therapy, diagnostics and modified activities/rest. Report of 5/28/14 from the provider noted the patient with ongoing chronic right shoulder pain radiating to right hand. Exam showed shoulder impingement with diffuse decreased range of motion and strength in the right shoulder and decreased sensation in right hand. Treatment included medications and acupuncture. The request(s) for Mentherm x 2 bottles was modified for over-the-counter salicylate such as BenGay and Acupuncture 2 x 4 to Right Shoulder was modified for 6 sessions on 6/9/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2010 without documented functional improvement from treatment already rendered. The Mentherm, 2 bottles is not medically necessary and appropriate.

Acupuncture Two Times A Week For Four Weeks 2 x 4 to Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This 41 year-old female food handler sustained a right shoulder injury on 1/26/14 from pushing a cart with malfunctioned wheels while employed by [REDACTED]. Request(s) under consideration include Mentherm, 2 bottles and Acupuncture 2 x 4 to Right Shoulder. Conservative care has included medications, therapy, diagnostics and modified activities/rest. Medications list Omeprazole, Neurontin. Report of 5/28/14 from the provider noted the patient with ongoing chronic right shoulder pain radiating to right hand. Exam showed shoulder impingement with diffuse decreased range of motion and strength in the right shoulder and decreased sensation in right hand. Treatment included medications and acupuncture. The request(s) for Mentherm x 2 bottles was modified for over-the-counter salicylate such as BenGay and Acupuncture 2 x 4 to Right Shoulder was modified for 6 sessions on 6/9/14. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 6 recent sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative

treatments already rendered. The Acupuncture Two Times A Week For Four Weeks to Right Shoulder is not medically necessary and appropriate.