

Case Number:	CM15-0011933		
Date Assigned:	01/29/2015	Date of Injury:	06/28/2014
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who reported an injury on 06/28/2014 due to an unspecified mechanism of injury. On 09/18/2014, he presented for a followup evaluation. He reported pain in the neck rated at an 8/10 and right shoulder pain rated at a 9/10 with popping and an inability to sleep on the shoulder. A physical examination showed flexion and extension to 60 degrees at the right shoulder; ABD, abduction to 60 degrees, and IR to buttock. The cervical spine showed flexion and extension to 20 degrees and rotation to 50% of normal. He was diagnosed with cervical spine sprain and strain with radiculopathy and right shoulder tendonitis, with difficult examination. The treatment plan was for Mentherm. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm dispensed on 09/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Salicylate Topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was symptomatic regarding the neck and right shoulder. However, there is a lack of documentation showing that the injured worker had signs and symptoms of neuropathic pain to support the request for a topical analgesic. Also, there is a lack of evidence showing that he had tried and failed recommended oral medications. Furthermore, the frequency, dosage, and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.