

<b>Case Number:</b>	CM15-0170364		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 11, 2012. In a Utilization Review report dated August 28, 2015, the claims administrator approved a request for tramadol while denying a request for Menthoderm. The claims administrator referenced a July 8, 2015 order form in its determination. The applicant's attorney subsequently appealed. On said July 8, 2015 office visit, the applicant stated that the tramadol and Menthoderm were working well in one section of the note. The applicant's pain complaints ranged from 4-7/10, it was reported. The applicant was not working and had been off of work since January 2012, it was reported. Activities as basic as standing, lying down, relaxing, sitting, and walking all remained problematic, it was reported. Tramadol and Menthoderm were renewed. The applicant exhibited a rather proscriptive 10-pound lifting limitation, effectively resulting in his removal from the workplace, the treating provider acknowledged. On June 10, 2015, it was acknowledged that the applicant was no longer working with a rather proscriptive 10-pound lifting limitation in place. The applicant had not worked since 2012, it was acknowledged. Tramadol and Menthoderm were renewed on this date as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 15% 120ml QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

**Decision rationale:** No, the request for Methoderm lotion/gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Methoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was not working, it was reported on July 8, 2015. The applicant had not worked since 2012, it was reported on that date. Ongoing use of Methoderm failed to curtail the applicant's dependence on opioid agents such as tramadol. A rather proscriptive 10-pound lifting limitation was renewed on that date, seemingly unchanged from previous visits. Activities as basic as sitting, walking, standing and the like remained problematic, the treating provider reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Methoderm. Therefore, the request is not medically necessary.