

Case Number:	CM15-0171818		
Date Assigned:	10/01/2015	Date of Injury:	10/29/2014
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an industrial injury on 10-29-2014. A review of medical records indicates the injured worker is being treated for left rotator cuff impingement; status post left rotator cuff repair, question of recurrent internal derangement of the left shoulder, myofascial pain syndrome, and question of left cervical radiculopathy versus question of left carpal tunnel syndrome. Medical records dated 7-22-2015 noted pain in the left shoulder with decreased range of motion of the left shoulder as well as decreased strength of the left shoulder. Pain radiated to the left hand with some occasional numbness and tingling. Physical examination noted the left shoulder had decreased range of motion. There was tenderness in the left deltoid insertion point. There were muscle spasms in the left trapezius muscles. Treatment has included physical therapy and Tylenol. MRI dated 12-4-2014 revealed mild supraspinatus tendinosis versus strain with trace overlying edema and fluid in the subacromial-subdeltoid bursa. Utilization review form dated 8-24-2015 noncertified Methoderm #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm, #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury to the left shoulder when she had a pop and sharp, burning pain after closing the overhead window of a bus. She underwent an arthroscopic subacromial decompression with labral debridement in May 2015. She continues to be treated for left shoulder pain. She has a history of gastroesophageal reflux. When seen, naproxen and omeprazole were being prescribed. She was having ongoing left shoulder pain especially with overhead activities. She was having difficulty sleeping. Physical examination findings included decreased left shoulder range of motion and strength. Medications were prescribed including Methoderm. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. The claimant has localized peripheral pain affecting the left shoulder that could be amenable to topical treatment. Generic medication is available and substitution would be expected. Over the counter salicylate topical medications are a first-line treatment. The request is medically necessary.