

Case Number:	CM15-0173357		
Date Assigned:	09/15/2015	Date of Injury:	06/11/2014
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45-year-old male who sustained an industrial injury on 06-11-14. He had complaints of back, neck, bilateral shoulder, waist, bilateral legs and bilateral feet. Treatments include: medications, topical cream, back brace, physical therapy and surgery. Progress report dated 7-7-15 reports continued symptoms to cervical spine, bilateral shoulders and low back. The pain is rated 5-8 out of 10 and increases with activities. He has numbness to bilateral upper and lower extremities. Diagnoses include cervical spine sprain and strain, right shoulder rotator tear with AC joint degenerative joint disease, left shoulder rotator cuff tendinitis and impingement. Plan of care includes: continue physical therapy, continue medications, refill ultracet, pain management evaluation. Work status: deferred to primary treating physician. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Methoderm contains topical methyl salicylate (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant was not diagnosed with arthritis. The claimant was already on oral NSAIDs. There was no indication to duplicate both oral and topical NSAIDs. The continued use of Methoderm is not medically necessary.