

Case Number:	CM15-0175181		
Date Assigned:	09/16/2015	Date of Injury:	09/12/2012
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 67 year old female, who sustained an industrial injury on September 12, 2012. The injured worker was diagnosed as having disorders of bursae and tensions in shoulder region, unspecified and carpal tunnel syndrome. Medical records (June 26, 2015) indicate ongoing neck, right shoulder, and right wrist pain following shoulder surgery. Associated symptoms included pins and needles sensation, numbness and weakness in the right arm and hand, and right hand tingling. The injured worker's pain was rated 8 out of 10 at worst, 5 out of 10 at best, and the average pain over the past week was 7 out of 10. Her pain increased when pushing a shopping cart and leaning forward. Her pain decreased with medications and relaxation. She reported her symptoms were unchanged since the date of injury. The physical exam (June 26, 2015) revealed limited cervical range of motion, 90 degrees of forward flexion of the right shoulder, normal bulk and tone of all major muscle groups of the upper extremities, and symmetrical, 1+ out of 4 reflexes in the bilateral upper extremities. Per the treating physician (June 26, 2015 report), the injured worker was temporarily totally disabled. Surgeries to date have included right shoulder surgery in 2013 and right carpal tunnel release in 2014. Treatment has included postoperative physical therapy, a home exercise program, a right wrist brace, and medications including long-acting pain (Tramadol ER), topical pain, anti-epilepsy (Gabapentin), proton pump inhibitor (omeprazole), and non-steroidal anti-inflammatory (Naproxen). The requested treatments included Methoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm ointment 120gm (duration and frequency unknown) dispensed on 06/26/2015: Upheld

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 rationale: 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. The claimant had been on Mentherm for several months in combination with oral opioids and NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The continuation of Mentherm beyond 1 month exceeds the trial period recommended above. Therefore, the continued use of Mentherm is not medically necessary.