

Case Number:	CM13-0007065		
Date Assigned:	03/26/2014	Date of Injury:	01/26/2011
Decision Date:	06/02/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female with a January 26, 2011 date of injury and is diagnosed with bilateral shoulder sprain/strain. Utilization review from July 2, 2013 denied the request for Medrox for the bilateral shoulder/arm due to no clinical efficacy for compounded medications. Treatment to date has included medications and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of bilateral shoulder pain with radiation to the arms and fingers associated with muscle spasms. This is graded 8/10 on the pain scale. There is also radicular low back pain with muscle spasms graded at 8/10 on the pain scale. The patient notes stress, anxiety, insomnia, and depression. On examination, the subacromial space and the supraspinatus of the bilateral shoulders were noted to be tender. There is also tenderness over the AC joint and infraspinatus. The bilateral shoulder range of motion was noted to be limited. Impingement sign was positive. There was a decrease in sensation bilaterally in the upper extremities as well as decreased motor strength bilaterally. The lumbar paraspinal muscles were noted to be tender. Lumbar range of motion was decreased. There was a slight decrease in sensation bilaterally in the lower extremities. Motor strength was also likewise decreased in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX FOR BILATERAL SHOULDERS AND ARMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox contains Methyl salicylate/capsaicin 0.0375%/Menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical Over The Counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the patient was noted to use Medrox since May 2013. However, functional gains such as improved activities of daily living were not reported in the subsequent progress notes. In addition, the requested compounded medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Medrox is not medically necessary.