

<b>Case Number:</b>	CM13-0009868		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Emergency Medicine and is licensed to practice in Wisconsin. 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 injured worker is a 58-year-old male who reported an injury on 05/01/2013 due to an unspecified mechanism of injury. The diagnoses included hypertension; status post atrial fibrillation cardioversion; and diabetes mellitus, diet controlled. The surgical history included a left arm fracture dated 1960; cartridge brass embedded in the bone; right ankle ligament tear in 1999; work related ankle dislocation in 2001; rotator cuff tear of 11 mm, work related, dated 2010; diagnosed with atrial fibrillation dated 2011; diagnosed with diabetes in 2012; diagnosed with low to moderate bone density loss in 2013; and diagnosed with hearing loss in 2013. Medications included metoprolol, simvastatin, ibuprofen, and aspirin. On the physical examination dated 07/09/2013, the physical assessment noted balance was off due to ankle injuries, stating that he had issues with walking, climbing, and standing. The injured worker denied problems with the hand with grasping, lifting, or tactile discrimination. His head was normocephalic. The examination revealed no jugular venous distension and no hypertrophy of the accessory neck muscles noted. Cardiovascular revealed sinus bradycardia without murmur, gallop, or click. The extremities showed no evidence of cyanosis or edema. The treatment plan included a request for Medrox patch. The Request for Authorization dated 10/27/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Medrox Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compounded Medications and Food and Drug Administration, News Release, December 05,2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for retrospective request for Medrox patch #30 DOS: 07/02/2013 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized trials and are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The documentation did not indicate the subjective complaints for what the Medrox patch was needed for. The functional measurements were not provided. The guidelines indicate that transdermal compounds are largely experimental in use with few randomized trials and are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation was not evident of failed anticonvulsants or antidepressants. The guidelines also indicate that any compounded product that contains at least 1 drug that is not recommended is not recommended. The request did not indicate the frequency or the dosage. Additionally, the clinical notes were from a year old. As such, the request is not medically necessary.