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| <b>Case Number:</b>   | CM13-0014914 |                              |            |
| <b>Date Assigned:</b> | 10/07/2013   | <b>Date of Injury:</b>       | 05/28/2009 |
| <b>Decision Date:</b> | 01/24/2014   | <b>UR Denial Date:</b>       | 07/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/22/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

Claimant is a 39 year old male with date of injury 5/28/2009. Clinical notes report that the he is status post labral repair, capsule imbrication, and decompression of the shoulder and still having problems. He reports that he does some household chores such as sweeping. Review of systems is significant for reported depression, stress, and sleep issues. Physical exam findings include abduction 130 degrees with tightness and discomfort with flexion, external rotation 67 degrees, and internal rotation 70 degrees. There was tenderness along the biceps tendon and relocation test was negative. Right knee tenderness at right medial joint line with reduced flexion and positive meniscal signs. Right knee flexion limited to 100 degrees vs. 135 degrees on left. Positive McMurray's on right. Diagnoses include 1) low back pain, 2) spondylosis, lumbar without myelopathy, 3) radiculopathy thoracic or lumbosacral, 4) facet arthropathy, 5) pain in joint involving shoulder region, 6) superior glenoid labrum lesion, 7) chronic pain due to trauma, 8) depression, 9) status post 11/08/2012 operative arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty, labral repair, and anterior capsular imbrication, 10) right knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Medrox patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 28, 105, 111.

**Decision rationale:** Medrox patches contain methyl salicylate 5% analgesic, menthol 5% analgesic, and capsaicin 0.0375% analgesic. Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. Â§Â§9792.20 - 9792.26 (page 105), salicylate topicals are "recommended. Topical salicylate...is significantly better than placebo in chronic pain." Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. Â§Â§9792.20 - 9792.26 (page 28), topical capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. Â§Â§9792.20 - 9792.26 (page 111), topical analgesics are "Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, Î±-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, Î² agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The clinical notes provided for review do not provide any information in regards to support the use of Medrox patches for this claimant. There is no mention of intolerance to other treatments, nor any mention of failure of other treatments. Medrox is a combination medication that would require justification of the use of each agent, and capsaicin concentration of 0.0375% is not supported over 0.025%. The use of Medrox patches is determined to not be medically necessary.