

<b>Case Number:</b>	CM13-0015394		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/26/2013
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 35 year old female with a date of injury on 8/17/12. The progress report dated 5/16/13 by [REDACTED] noted that the patient continued with symptomatology in the right upper extremity. The patient's diagnoses include: carpal tunnel syndrome; cervical discopathy; right shoulder impingement. Exam findings included improved range of motion of the right shoulder with pain at end range. Positive palmar compression test subsequent to Phalen's maneuver. There is a positive Tinel's sign into the median nerve distribution. Medrox pain relief ointment was prescribed for relief of minor aches and muscle pain. The patient reported that the ointment was helpful in the past especially in the evenings, allowing the patient to relax before sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patch #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Medrox is a compounded topical analgesic containing menthol 20%, capsaicin 0.0375%, and methyl salicylate 5%. The MTUS Chronic Pain Guidelines has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain. According to the MTUS Chronic Pain Guidelines, capsaicin in greater than 0.025% formulation is not supported for osteoarthritis, fibromyalgia, and chronic non-specific back pain. This compounded topical analgesic is not supported by the Guidelines noted above. The request for Medrox patch #30 is not medically necessary and appropriate.