

Case Number:	CM13-0015499		
Date Assigned:	03/12/2014	Date of Injury:	08/29/2000
Decision Date:	04/15/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 New York. 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 45-year-old female who was injured on August 29, 2000. The patient continued to experience left shoulder pain. Physical examination was notable for decreased range of motion of the left shoulder, with normal motor strength. An MRI of the left shoulder was done on March 1, 2013, which showed possible torn anterior labrum. The patient underwent a diagnostic left shoulder arthroscopy on May 10, 2013. Ligament resections, distal clavicle resections, labrum debridement, and subacromial decompression were performed at that time. The treatment included post-surgical physical therapy and medications. Request for authorization for Medrox 120 gm was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF MEDROX 120GM DISPENSED ON 5/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,
Page(s): 111-112.

Decision rationale: Medrox is a topical analgesic containing methylsalicylate, menthol, and capsaicin. The Chronic Pain Guidelines indicate that topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is no documentation that this patient has been treated with either of those classes of medications. The guidelines also indicate that compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. The lack of information does not allow determination for medical necessity and safety. It cannot be recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore it is not recommended.