

Case Number:	CM13-0025060		
Date Assigned:	11/20/2013	Date of Injury:	05/25/2011
Decision Date:	01/17/2014	UR Denial Date:	08/18/2013
Priority:	Standard	Application Received:	09/13/2013

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 and is licensed to practice in Oklahoma and Texas. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 44-year-old female who reported an injury on 05/25/2011. Notes indicate that the patient sustained injuries to the left shoulder and arm. The patient is status post surgical repair of a torn rotator cuff of the left shoulder. The most recent clinical notes submitted for review indicate that the patient has complaints of pain to the left shoulder verbalized as 3/10 VAS. The patient describes pain as throbbing and exacerbated by prolonged reaching any overhead motion. Notes indicate that the patient is currently undergoing a home exercise program and that the patient is no longer receiving any physical therapy. Objective clinical findings for the patient noted tenderness to palpation of the AC joint with evidence of well-healed arthroscopic surgical portals in the left shoulder. Forward flexion was to approximately 120 degrees with abduction to 90 degrees with pain at terminal range of motion. The prior review indicates that the patient was evaluation on 06/27/2013 with complaints of pain to the left shoulder and neck pain radiating down the left arm with numbness. The patient verbalized pain as 8/10 without medications and 2/10 to 3/10 with medications. The patient also indicated that her pain was aggravated by activities including lifting and looking, but that pain was alleviated with medications and physical therapy. The current request for consideration is for Medrox patches.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation website Daily Med, <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017-415f-b8f0-54b07b6d6c00>

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control; however, 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, therefore, 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. CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. CA MTUS states that salicylate topicals are recommended as significantly better than placebo in chronic pain. While the patient is noted to have pain on physical examination, the current request for Medrox patches is not supported as the clinical literature indicates that the active ingredients in Medrox patches include methyl salicylate 5%, menthol 5%, and capsaicin at a formulation of 0.0375%. While the Guidelines support the recommendation for salicylate topical, formulations of capsaicin are generally recommended at 0.025% formulation and 0.075% formulation. Guidelines detail that 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 provides any further efficacy. Also Capsaicin at a formulation of 0.0375% has no current indication that this increase over a 0.025% formulation provides any further efficacy. Furthermore, there is a lack of documentation regarding efficacy with the use of Medrox patches for this patient. Given the above, the request for Medrox patch, #30 is not medically necessary and appropriate.