

<b>Case Number:</b>	CM13-0032249		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/03/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & 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 44 year-old female with a date of injury of 09/03/2011. The listed diagnoses per [REDACTED] dated 07/11/2013 are: 1) cervical spinal sprain 2) Bilateral shoulder pain and dysfunction 3) Status post right shoulder A/S 12/06/2012 According to report dated 07/11/2013 by [REDACTED], the patient presents with bilateral shoulder pain. Patient continues with 6-10/10 pain with sudden movements. Patient reports pain radiates to right upper trapezium muscles. Examination reveals tender cervical paraspinal and trapezius muscles. MRI of the right shoulder reveals AC joint separation. MRI of the left shoulder reveals AC joint osteoarthritis with supraspinatus tendonitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Packages Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** This patient presents with bilateral shoulder pain. The treater is requesting a refill of Medrox patches. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox patches specifically. The MTUS Guidelines does discuss topical agents on page 111 which states "it is largely experimental in which few randomized control trials to determine efficacy or safety, any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In addition, Drug.Com states Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Furthermore, salicylate, or NSAID topical is only indicated for peripheral joint arthritis/tendinitis, which this patient does not have. Therefore, the entire compound is not recommended.