

Case Number:	CM13-0037903		
Date Assigned:	12/18/2013	Date of Injury:	04/13/2011
Decision Date:	03/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Neurology has a subspecialty in Neuromuscular Disease 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 sustained a work-related injury on April 13, 2011. She subsequently developed with the chronic neck pain, right shoulder and right upper extremity pain. The patient underwent a right shoulder surgery on June 19, 2012. The patient had 20 sessions of postoperative physical therapy, followed by home exercise program. According to the note of [REDACTED], dated on October 14, 2013, the patient continued to have neck and right shoulder pain. Her physical examination demonstrated to reduce the range of motion in the right shoulder and tenderness in the cervical paraspinal muscles and multiple triggering points on palpation. Patient was treated with tramadol, Norco and Dendracin. The provider is requesting authorization to use Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral form of one or all compound of the patch. menthol, capsaicin, methyl salicylate). The patient was on Dendracin (methyl salicylate, menthol and capsaicin) which has similar compound to Medrox. There is no clear justification for the duplication of substitution of Dendracin with Medrox. Therefore, topical analgesic Medrox patch (menthol, capsaicin, methyl salicylate) is not medically necessary.