

Case Number:	CM13-0042907		
Date Assigned:	12/27/2013	Date of Injury:	02/22/2010
Decision Date:	04/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 52-year-old male with date of injury of 02/22/2010. The listed diagnoses dated 09/13/2013 are: Status post left shoulder arthroscopy with subacromial decompression and rotator cuff repair on 10/24/2012, Adhesive capsulitis, Rule out recurrent tear of the rotator cuff. According to the progress report dated 09/13/2013, the patient complains of intermittent left shoulder pain. He rates his pain 7/10 with a throbbing sensation. He states that the pain increases with overhead activities. He also adds that he has difficulty sleeping due to pain. He is currently taking Norco, Flexeril, gabapentin, Medrox patches, and topical creams. The physical examination of the left shoulder reveals a forward flexion at 90/180 degrees, extension at 25/50 degrees, abduction at 90/180 degrees, adduction at 30/50 degrees, internal rotation at 35/90 degrees, and external rotation at 40/90 degrees. Hawkins and Neer's signs are positive. Drop arm test is equivocal. Supraspinatus strength is 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX PATCHES APPLY 1 PATCH TO AFFECTED AREA 1-2 TIMES A DAY (4H ON/2H OFF) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, and page 111 Page(s): 111.

Decision rationale: This patient presents with chronic shoulder pain. This patient is status post left shoulder arthroscopy with subacromial decompression from 2012. The treater is requesting a Medrox patch. The MTUS Guidelines page 111 to 113 states that for topical analgesics "any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." MTUS further states that for capsaicin "there has been no studies of 0.0375% formulation of capsaicin and that there is no current indication that this increase over a 0.025% formulation would provide any provide further efficacy." Medrox patch is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and methyl Salicylate, an NSAID. In this case, the capsaicin is not recommended above 0.025% concentration and guidelines do not recommend any compounded product that contains at least 1 drug that is not recommended. Furthermore, topical NSAIDs are only recommended for peripheral joint arthritis/tendinitis pain. This patient has shoulder problems for which topical NSAIDs are not recommended. Therefore, recommendation is for denial.