MAXIMUS Federal Services

| Case Number: | CM13-0043890 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/16/2011 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

## 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 Occupational Medicine 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 52-year-old male with date of injury 06/16/2011. His injuries are, 1. Left wrist fracture secondary to a severe crush injury, 2. Left neuropathy, and 3. Right calf penetrating wound. He is a patient of [redacted] who last saw the patient on 10/01/2013. The patient states that his psychological symptoms are continuing and that he has been having anxiety, and depression. The patient has apparently been having psychological issues since his left thumb was amputated 25 or 26 years ago. Physical examination showed left wrist deformity, left thumb amputation, restricted range of motion of the left wrist with no effusion, tenderness in the wrist joint with palpation, no sensation in the fingers or on the palm, weakness in the left upper extremity with a global motion drinks of 3/5 as compared to the right upper extremity. The penetrating wound to the right calf is well healed. The patient was scheduled for a qualified medical evaluation with [redacted] on 02/11/2014. That report is unavailable for review at this time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox pain relief ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

**Decision rationale:** Medrox ointment contains a topical analgesic with the active ingredients, capsaicin 0.0375%, and menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments.