

<b>Case Number:</b>	CM13-0052489		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 9/2/11 date of injury. At the time of request for authorization for Medrox, there is documentation of subjective (right shoulder, neck, and abdominal pain) and objective (tenderness over the cervical spine) findings, current diagnoses (cervical spine sprain/strain; thoracic spine sprain/strain; myofascitis in the cervical, thoracic, and paravertebral muscle; adhesive capsulitis on the right shoulder; and right shoulder impingement), and treatment to date (right shoulder injection, physical therapy, and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Medications prescribed (Medrox duration and frequency unknown dispensed on 9/30/2013 for Dorsal Back and Chest): 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): 111-113.

**Decision rationale:** Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment

Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain; thoracic spine sprain/strain; myofascitis in the cervical, thoracic, and paravertebral muscle; adhesive capsulitis on the right shoulder; and right shoulder impingement. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for medications prescribed (Medrox duration and frequency unknown dispensed on 9/30/2013 for dorsal back and chest) is not medically necessary.