

<b>Case Number:</b>	CM13-0052909		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 & Rehabilitation 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 40 year old female who was injured on 09/14/2012 lifting objects at work for three months with resultant right shoulder pain. Prior treatment history has included an extracorporeal shockwave procedure 04/01/2013. Diagnostic studies reviewed include an MRI of the right shoulder dated 01/14/2013 revealing: 1) Mild tendinosis of the distal right supraspinatus tendon without otherwise significant right shoulder joint MR abnormality. An x-ray of the right shoulder dated 04/19/2013 revealed unremarkable views of the shoulder. X-ray of the lumbar spine dated 04/19/2013 revealed decreased range of motion on flexion and extension which may reflect an element of myospasm. An EMG/NCV on 06/04/2013 showed normal studies of the lower extremities. A PR-2 dated 08/13/2013 documented the patient with complaints of severe pain in the right shoulder that is sharp as well as constant chronic pain of the lumbar spine with numbness and tingling radiating down the legs. Objective findings reveal medications and therapy help, while repetitive hand movements cause pain. Diagnoses include right shoulder tendinitis, radiculitis right upper extremities, and right shoulder osteoarthritis. Treatment plan includes: EMG/NCV bilateral lower extremities; Capsaicin cream; Chiropractor 2 x a week for 6 weeks; and Medrox Patches. A PR-2 dated 10/01/2013 documented the patient in for follow up for her low back pain which she rates 9/10 that is constant and throbbing. The low back pain has worsened in the last four days. She has radicular symptoms to the lower extremities. Medication and therapy help but mostly acupuncture. The objective findings are illegible. Diagnoses include: Lumbago and Pseudotendinitis, supraspinatus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCH #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are recommended as an option of treatment for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Medrox patches contain methyl salicylate 5%, menthol 5% and Capsaicin 0.0375%. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records provided for review document the patient was diagnosed with right shoulder tendinitis, right shoulder osteoarthritis, and radiculitis of right upper extremity. There is an absence of a documented failure of trial other first line medications. Furthermore, a 0.0375% formulation of Capsaicin has no current indication over a 0.025%. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The request is not medically necessary and appropriate.