

<b>Case Number:</b>	CM13-0058094		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Orthopedic Surgery 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 claimant is a 56 year old male who sustained an injury to the left shoulder in a work related accident March 20, 2012. The records provided for review documented that the claimant was diagnosed with a SLAP lesion and recently underwent a left shoulder revision SLAP repair and Bankart repair on October 3, 2013. Postoperatively, it was noted that the claimant has been attending physical therapy and making progress. At the last clinical assessment the records indicated a continued need for physical therapy and postoperative use of medications to include Norco and Medrox cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX:** Upheld

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

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

**Decision rationale:** Medrox cream is a combination of menthol and capsaicin. When looking at the CA MTUS Chronic Pain 2009 Guidelines, capsaicin is only indicated for use in the topical setting for claimants who have not responded or are inadequate to other forms of care and

treatment. The medical records provided for review do not indicate that the claimant has been unresponsive to first line agents in the postoperative course of his surgical process. The Chronic Pain Guidelines also indicate that any time an active agent in a compound is not indicated the agent as a whole is not supported. The specific request for continued use of Medrox in this case is not indicated.