MAXIMUS Federal Services

Case Number:	CM13-0059657		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2008
Decision Date:	04/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 02/01/2008. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical spine strain, cervical spine disc herniation, status post cervical spine surgery, right shoulder strain, status post right shoulder surgery x2, right adhesive capsulitis, right shoulder tendinosis, status post right shoulder decompression revision, sleep disturbance, and depression. The patient was seen by [redacted] on 10/11/2013. The patient reported persistent neck and right shoulder pain. Physical examination revealed 2+ tenderness to palpation of the cervical spine, positive compression testing, and 2+ tenderness of the right shoulder with a grade 2 spasm and restricted range of motion. Treatment recommendations included a prescription for tramadol and Medrox cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX CREAM 120GM: 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no indication of a failure to respond to first line oral medication. Capsaicin is generally recommended for patients who are intolerant or have not responded to other treatments. Additionally, the patient has continuously utilized Medrox topical analgesic. Despite ongoing use, the patient continued to report high levels of pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.