

Case Number:	CM13-0061562		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2010
Decision Date:	04/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 57-year-old gentleman who was injured in a work related accident on March 19, 2010. The records provided for review documented current complaints of left shoulder pain for which he is scheduled to undergo an arthroscopy, rotator cuff repair and debridement. This is based on positive MRI findings from October 2013 and failed conservative measures. For postoperative use, the claimant was recommended Medrox patches times 30 in addition to a course of formal physical therapy, cryotherapy rental and work related restrictions. Further clinical records in regards to the specific requests are not documented. As stated, there is a postsurgical request for Medrox patches for treatment of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches #30: 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: Based on California MTUS Chronic Pain 2009 Guidelines, the request for Medrox patches cannot be recommended as medically necessary. The Chronic Pain Guidelines

do not currently recommend the role of lidocaine in the first-line therapeutic phase of treatment. Typically, lidocaine is recommended only for neuropathic pain after a trial of first-line therapy that would include tricyclic antidepressants and agents such as gabapentin and Lyrica. The claimant's surgical process of the shoulder does not in and of itself support a neuropathic process and thus the need for this topical agent that is only utilized as a second-line agent would not be indicated.