

<b>Case Number:</b>	CM13-0065843		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 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:

The patient is a 66-year-old female who reported an injury on 08/19/2013. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her left elbow. Initial treatments included physical therapy, ice and heat applications and activity modifications. The patient's most recent clinical evaluation from 11/05/2013 documented that the patient had normal range of motion of the left elbow with no evidence of swelling. However, the patient did have tenderness to palpation along the left lateral elbow with resisted wrist dorsiflexion that produced pain. The patient also had a positive Cozen's sign. The patient's diagnoses included left lateral epicondylitis. The patient's treatment plan included electrodiagnostic studies to rule out carpal tunnel syndrome, continued physical therapy, and prescription medications to include Medrox ointment

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Medrox pain relief ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The requested medication is a compounded topical analgesic that contains menthol, methyl salicylate, and capsaicin. The California Medical Treatment Utilization Schedule recommends the use of methyl salicylate and menthol for osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other first line treatments. The clinical documentation does not provide any evidence that the patient has failed to respond to first line oral medications to include over-the-counter medications, nonsteroidal anti-inflammatories, acetaminophen, antidepressants, or anticonvulsants. Therefore, the need for Medrox pain relief ointment is not indicated. As such, the retrospective request for Medrox pain relief ointment is not medically necessary