

<b>Case Number:</b>	CM13-0066312		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine, 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 female with dates of cumulative trauma injury ranging from 09/16/1991 to 01/31/2010. The most recent medical record, a primary treating physician's progress report, dated 12/18/2013, lists subjective complaints as pain in the neck, back, bilateral shoulders and wrists. She also complains of bilateral knee pain. Objective findings: Examination of the cervical spine revealed paravertebral muscle tenderness and spasm. Range of motion was decreased. Sensation was reduced in bilateral medial nerve distribution. Motor strength was intact. Examination of the bilateral shoulders revealed anterior shoulders were tender to palpation. Range of motion was restricted in flexion/abduction planes bilaterally. Examination of the lumbar spine revealed tenderness of the paravertebral muscles with spasm and restricted range of motion. Diagnosis: 1. Cervical radiculopathy 2. Bilateral carpal tunnel syndrome 3. Bilateral shoulder impingement syndrome 4. Lumbar spine radiculopathy 5. Plantar fasciitis 6. Gastropathy secondary to taking medications 7. Anxiety 8. Sleep disorder 9. Status post cholecystectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE MEDICATION REQUEST FOR MEDROX PAIN RELIEF OINTMENT 120 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

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

**Decision rationale:** Medrox ointment contains a topical analgesic with the active ingredients Capsaicin 0.0375%, and Menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin 0.025% topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the MTUS Chronic Pain Guidelines, there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Consequently, the request is not medically necessary and appropriate.