

Case Number:	CM13-0068073		
Date Assigned:	01/03/2014	Date of Injury:	01/19/1999
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and Pulmonary Diseases 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 56-year-old female who reported an injury on 01/19/1999 when she moved a file cabinet that reportedly caused injury to her lumbar spine, knee, shoulder, and ankle. The patient's treatment history has included multiple surgical interventions, physical therapy, medications, and activity modifications. The patient's most recent clinical documentation submitted for review was dated 09/27/2013. It was noted that the patient had persistent pain and loss of range of motion of the right shoulder, neck, right hip, and low back. The patient had 10/10 pain radiating to the neck. The patient's diagnoses included status post right shoulder arthroscopy with mini open rotator cuff repair, right shoulder biceps tendonitis, right greater trochanter bursitis, status post multiple falls, right shoulder impingement syndrome, medial meniscus tear, lateral meniscus tear, and status post knee surgery with meniscectomy, left ankle sprain, knee abrasion and right knee contusion. The patient's treatment recommendations at that time included continuation of medications, continuation of physical therapy, and a right knee hinged brace. Request was made for 1 month's supply of Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A ONE MONTH SUPPLY OF MEDROX OINTMENT: Upheld

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

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

Decision rationale: The requested compounded medication contains menthol, methyl salicylate, and capsaicin. California Medical Treatment Utilization Schedule does support the use of menthol and methyl salicylate for osteoarthritic related pain. However, capsaicin is only recommended as a topical analgesic when patients have exhausted all other forms of first line treatment. The clinical documentation submitted for review fails to provide any evidence that the patient has failed to respond to first line analgesics to include antidepressants and anticonvulsants. Therefore, the need for topical capsaicin is not supported. California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug or drug class that is not recommended is not supported. As such, the requested 1 month's supply of Medrox ointment is not medically necessary or appropriate.