

Case Number:	CM13-0071827		
Date Assigned:	01/08/2014	Date of Injury:	05/08/2008
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 injured worker is a 68 year old female who reported an injury to the right shoulder on 05/08/2008 due to an unknown mechanism. The clinical note dated 01/29/2014, indicated diagnoses of right rotator cuff tear and right shoulder pain and dysfunction. The injured worker reported moderate to severe dull, achy right shoulder pain that she rated at 9/10. The injured worker reported her shoulder stiffness radiated to her neck, arm and hand with numbness and tingling. On physical exam, the right shoulder range of motion findings were decreased and painful. The flexion was 85 degrees, extension was 40 degrees, abduction was 80 degrees, internal rotation was 75 degrees, and external rotation was 85 degrees. There was tenderness to palpation to the anterior shoulder, posterior shoulder, lateral shoulder, acromioclavicular joint, trapezius, and supraspinatus. The hawkin's and speed's test were positive. The medication regimen included Ultram, Prilosec, Syntraline and Coumadin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX 120GM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, Page(s): 111-113.

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

Decision rationale: The request for Medrox 120gm #1 is non-certified. The injured worker diagnoses is right rotator cuff tear and right shoulder pain and dysfunction. Medrox contains (Methyl Salicylate 20.00 %, Menthol 5.00 %, Capsacin 0.0375 %) The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation. The amount of capsacin in the Medrox is excessive. Additionally, menthol is not recommended. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request Medrox 120gm #1 is not medically necessary or appropriate.