

<b>Case Number:</b>	CM14-0004098		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Pain 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 36-year-old male who is reported to have sustained work-related injuries on 06/17/11. The injured worker had left upper extremity pain as the result of repeatedly moving heavy weights. An MRI of the left elbow dated 03/03/12 is reported as normal. An MRI of the left forearm dated 05/23/13, is reported as normal. He is status post a left common extensor tendon release on 06/21/13. The injured worker completed postoperative therapy and was noted to be improved. Per an examination dated 11/13/13, there is tenderness to palpation over the left elbow, and positive Tinel's in the medial elbow on the left. A request for Medrox Ointment was non-certified on utilization review dated 12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX OINTMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, TOPICAL ANALGESICS, 111.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112-113.

**Decision rationale:** According to the submitted clinical records, the injured worker is status post a left common extensor tendon release on 06/21/2013. The injured worker has completed all postoperative therapy. The Chronic Pain Guidelines indicate that topical analgesics are largely experimental as there are no high quality studies which establish the efficacy of topical analgesics. Further, the records fail to provide any qualitative data establishing the efficacy of this medication. The request is not medically necessary.