

Case Number:	CM14-0007611		
Date Assigned:	02/10/2014	Date of Injury:	10/07/2013
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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 & 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 45 year old female injured on 10/07/13 while using a scanner she felt a pop in her left shoulder. Current diagnoses included mild bilateral carpal tunnel syndrome, cervical strain, and left shoulder internal derangement and rotator cuff tear. Clinical note dated 01/07/14 indicated the injured worker recently completed acupuncture treatment which she reported helped significantly alleviate the tension and pain in surrounding muscles around the tear in her left shoulder and tension in her neck. The injured worker reported she was experiencing pain in her right upper extremity secondary to overuse due to inability to use the left upper extremity. Physical examination of the cervical spine revealed paravertebral muscle tenderness, spasm, restricted range of motion, grossly intact sensation and motor strength, and deep tendon reflexes normal and symmetric. Physical examination of the left shoulder revealed restricted range of motion, impingement test positive, and anterior shoulder tenderness to palpation. Request was submitted to continue with acupuncture treatment to the neck and bilateral upper extremities and medication management including omeprazole DR 20mg QD Medrox pain relief ointment, naproxen sodium 550mg QD, and Orphenadrine ER 100mg BID. The request for Medrox pain relief ointment was non-certified on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF 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: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore, Medrox Pain Relief Ointment cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.