

<b>Case Number:</b>	CM14-0111817		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 72-year-old female who has submitted a claim for unspecified derangement of joint at shoulder region, shoulder region affections and radial styloid tenosynovitis associated with an industrial injury date of June 27, 2011. Medical records from 2014 were reviewed. The patient complained of left shoulder pain radiating to the left shoulder blade. This was accompanied by left elbow tenderness and pain. Examination of the left upper extremity showed tenderness over the anterior shoulder and elbow; severe limitation of motion on flexion and abduction; positive Drop Arm test; positive Tinel's and Phalen's; decreased grip strength; and reduced sensation in the left median nerve distribution. The diagnoses were derangement of shoulder joint, not otherwise specified; right shoulder impingement; and radial styloid tenosynovitis. Treatment to date has included Tylenol, Tylenol with codeine, Ophenadrine, Medrox Pain relief ointment, left shoulder injection, acupuncture, physical therapy and home exercise program. Utilization review from June 26, 2014 denied the request for Medrox Pain Relief Ointment with 2 refills. There was no documentation that patient has not responded or is intolerant to other treatment. The request for Ophenadrine ER 100mg quantity 60 with 2 refills was also denied because the guideline does not support long-term use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate, Capsaicin, Page(s): 111-113, 105, 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding the methyl salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the menthol component, CA MTUS does not cite specific provisions. ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. With regards to topical capsaicin, the guideline recommends this only as an option if there was failure to respond or intolerance to other treatments. In addition, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, Medrox Pain Relief ointment was used as far back as March 2014. However, there was no evidence of continued analgesia and functional improvement from its use. There was also no evidence of failure or intolerance to oral pain medications that warrant use of topical preparation. Furthermore, Medrox contains 0.0375% capsaicin which is not supported by the guideline. Any compounded medication that contains at least one drug that is not recommended is not recommended. The medical necessity was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Medrox Pain Relief Ointment with 2 refills is not medically necessary.

**Ophenadrine ER 100mg QTY 60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, orphenadrine intake was noted since March 2014. However, there was no evidence of overall pain improvement and functional benefit from its use. The guideline does not support long-term use of this medication. Moreover, muscle spasms and acute exacerbation of pain were not evident in the most recent progress reports. Likewise, there was no documentation of failure of first-line medications to manage pain. There was no clear indication

for the request. The medical necessity for continued use has not been established. Therefore, the request for Ophenadrine ER 100mg QTY 60 with 2 refills is not medically necessary.