

<b>Case Number:</b>	CM14-0154524		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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:

This is a patient with a date of injury of 1/13/12. A utilization review determination dated 8/26/14 recommends non-certification of Naproxen, Cyclobenzaprine, Sumatriptan, Omeprazole, Ondansetron, and Medrox. 11/12/12 medical report identifies continued symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. Symptomatology in the shoulder, lumbar spine, hips, and knees has not changed significantly. On exam, there is muscle spasm, positive axial loading compression test, generalized weakness in the upper extremities, positive Hawkins' and impingement signs, positive Tinel's in the left cubital fossa, positive elbow flexion test, positive palmar compression test subsequent to Phalen's maneuver bilaterally, positive Tinel's on the left, seated nerve root test positive, dysesthesia L5-S1 dermatome, positive McMurray's and patellar grind test. C3-7 discectomy with implantation of hardware and possibly one total disc replacement was recommended. Postoperative medication was also recommended. Left cubital and carpal tunnel release was also recommended. In the meantime, recommendation was made for Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, and Medrox. The provider noted that medications provide temporary symptomatic relief and allow continued function with ADLs, but no specifics are given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Medrox Pain Relief Ointment 120gm x 2 #240 (DOS: 11/12/12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compound medications Page(s): 111-113.

**Decision rationale:** Regarding the request for Medrox, the California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested Medrox is not medically necessary.