

Case Number:	CM14-0180867		
Date Assigned:	11/05/2014	Date of Injury:	02/13/2013
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational 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:

The injured worker is a male with date of injury 2/13/2013. Per progress note dated 8/27/2014, the injured worker complains of left shoulder pain. He rates his pain 0-3/10 dependent on activity. He complains of occasional fatigue of the left shoulder after work. Occasional tightness and left upper trapezius spurscapular pain. He uses Medrox patches when he is not working approximately four times a week. He has not started strengthening for the upper body or the shoulder girdle. He uses the "cane" and massage for relief of left shoulder pain and tightness. On examination cervical range of motion is flexion 40 degrees, extension 40 degrees, side bend bilaterally 30 degrees, rotation bilaterally 80 degrees. Spurling's maneuver is negative. Left shoulder range of motion is flexion 180 degrees, abduction 180 degrees, internal rotation and external rotation 90 degrees. There was tenderness to palpation over the left AC joint in the superior aspect of the left scapula. Diagnosis is status post left shoulder surgery on 5/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch: 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 Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: Medrox patch is a topical analgesic containing the active ingredients methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the MTUS Guidelines, the use of Medrox Patch is not recommended. The request for Medrox Patch is determined to not be medically necessary.