

<b>Case Number:</b>	CM14-0021558		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Internal 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 36 year old female injured on 02/08/12 as a result of cumulative trauma to the low back, neck, right elbow, and the fingers on the right hand. Current diagnoses include cervical spine strain, right shoulder impingement syndrome, right cubital tunnel syndrome, bilateral carpal tunnel syndrome, lumbar radiculopathy, and anxiety reaction. The clinical documentation indicates the injured worker continues to complain of bilateral upper extremity, shoulder, neck, mid back pain in addition to psychological complaints following the initial injury. The injured worker has received acupuncture treatments, psychiatric treatment, and medication management without benefit. Physical evaluation revealed decreased range of motion of the bilateral shoulders with positive impingement sign, positive Tinel's and Phalen's of bilateral wrists, sensation reduced in bilateral median nerve distribution, grip strength reduced bilaterally, paravertebral cervical muscles are tender, spasm is present, cervical range of motion is decreased, deep tendon reflexes are normal and symmetrical to upper and lower extremities bilaterally, motor strength is grossly intact to upper and lower extremities bilaterally, sensation is reduced in the bilateral median nerve distribution, lumbar paravertebral muscles are tender, spasm is present, lumbar range of motion is restricted, sensation is reduced in the bilateral L5 dermatomal distribution, and positive straight leg raise is noted. The treatment plan includes intent to refill medications, continue acupuncture treatment, and ongoing medical evaluation. The initial request for Medrox ointment dispensed on 03/05/13 was initially non-certified on 01/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MEDROX OINTMENT DISPENSED ON 03/05/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL / COMPUNDED MEDICATION Page(s): 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidopro is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. 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. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for medication Medrox ointment dispensed on 03/05/2013 is not medically necessary and appropriate.