

<b>Case Number:</b>	CM14-0065723		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Preventive Medicine, has a subspecialty in Occupational 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 sustained a work related injury on 11/16/2009. The worker has been complaining of pain in the neck and shoulders. The pain is achy, and occurs every day. The examination is said to be positive for canal and cervical head compression test and pass in the C5-C6 distribution. The worker has been diagnosed of Left knee status meniscetomy/ Chondroplasty, left knee degenerative joint disease, bilateral elbow pain, lateral epicondylitis bilateral hand pain, status post carpal tunnel release. Past treatment include TENS unit, shockwave therapy, Acupuncture. In dispute are requests for Medrox 20/5/0.0375% ointment, and Cidaflex 500 mg/400 mg tablets #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox 20/5/0.0375% ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Chronic regional pain syndrome.

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

**Decision rationale:** The medical records are scanty and stopped at 2011. There is not enough information regarding the outcome following the use of first line medications like

Acetaminophen, Non-steroidal anti-inflammatory drugs, the response to physical therapy. Nevertheless, the topical analgesics are regarded as experimental drugs considered as an option in the treatment of Neuropathic pain not responding to antidepressants and anticonvulsants. Medrox Pain relief Ointment is a topical analgesic formulation comprising of Methyl Salicylate 20.00%; Menthol 5.00%, and Capsaicin 0.0375%. Each of the first two is recommended as an option in the treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants, but the third component, Menthol, is not a recommended topical analgesic. Therefore, the presence of menthol in this formulation makes the compound not medically necessary and appropriate. This is because, the guideline for the use of compound topical analgesic states that any compound that contains one or more agents that is not recommended is not recommended. Therefore, this request is not medically necessary.

**Cidaflex 500 mg/400 mg tablets #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medications for Chronic pain, pages 60-61 and on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** The medical records are scanty and stopped at 2011. There is not enough information regarding the outcome following the use of first line medications like Acetaminophen, Non-steroidal anti-inflammatory drugs, the response to physical therapy. Nevertheless Cidaflex is a combination medication comprising of glucosamine and chondroitin sulfate. Neither the FDA, nor the MTUS, nor Epocrates online, or the Official Disability Guidelines recommends this drug. Nevertheless, the Official disability guidelines recommends Glucosamine sulfate alone, for treatment of arthritis involving the knee. Chondroitin sulfate is not a recommended medication. Therefore, Cidaflex is not medically necessary because it is not a recommended drug by any of the major guidelines like, the MTUS, the official guidelines and the FDA, and the epocrates online. Based on the above, this request is not medically necessary.