

<b>Case Number:</b>	CM14-0092247		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Interventional Spine 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 patient is a 61-year-old male with a date of injury of 11/28/2011. The listed diagnoses per [REDACTED] are shoulder strain, right wrist sprain with mild CTS and severe ulnar neuropathy. This progress report is handwritten, and the listed diagnoses are partially illegible. According to progress report 05/13/2014, the patient presents with pain in her right elbow with numbness and tingling radiating to the forearm and hand. The pain is rated as 5/10 with medications and 7/10 without medications. The patient is able to perform activities of daily living with improved participation in home exercise program with current medication which includes Anaprox and Medrox ointment. Examination revealed decreased range of motion and tenderness at the medial and lateral epicondyle with positive Tinel and Cozen's test. Sensation is decreased at the ulnar nerve distribution. The provider recommends Anaprox 550 mg 3 to 4 tablets a day and Medrox ointment as needed. Utilization review certified request for Anaprox and noncertified the Medrox ointment on 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Ointment 120ml x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medrox Ointment 120ml - Topical Analgesics.

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

**Decision rationale:** This patient presents with right elbow pain with numbness and tingling radiating down the forearm and hand. The patient states pain without medication is 7/10 and with medication 5/10. Provider is recommending Medrox ointment. The California MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The California MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. California MTUS further states, Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Medrox is a compound topical analgesic including Methyl Salicylate 20%, Menthol 7% and Capsaicin 0.050%. The California MTUS Guidelines allows Capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, California MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.050% of Capsaicin which is not supported by MTUS. Therefore, the entire compound ointment is not recommended.