

<b>Case Number:</b>	CM13-0002584		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/05/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 now a 53-year-old male with an industrial injury dated 01/19/1990 to 10/05/2005. He presented on 04/25/2013 with worsening right shoulder pain. Associated symptoms include weakness, numbness, and tingling of bilateral hands. Previous EMG/NCV studies reveal carpal tunnel syndrome. He also has pain in left shoulder and cervical spine. Physical exam of the right shoulder showed tenderness over the subacromial bursal space and shoulder girdle musculature, positive Neer and Hawkins impingement sign, positive empty can, positive drop arm testing and forward flexion and abduction to 130 degrees and internal rotation to the sacroiliac joint. Left shoulder revealed tenderness over the subacromial bursal space and shoulder girdle musculature with positive Neer and Hawkins impingement sign. Bilateral wrists show positive Tinel's sign. Cervical spine was tender and painful with range of motion. There was also left knee tenderness. Prior testing (as documented by the provider) included MRI of the left shoulder showing rotator cuff tendinitis, osteophyte formation, and AC joint degeneration. MRI of the right shoulder confirmed full thickness rotator cuff tear involving supraspinatus and infraspinatus tendons. Prior treatments include medications, physical therapy, anti-inflammatories, pain medications and Kenalog injection to the left shoulder times 2 and to bilateral shoulders times one. The provider placed a request for Medrox ointment 120 gm # 2. On 07/03/2013 the request for Medrox ointment 120 gm # 2 was non-certified by utilization review. MTUS - Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX OINTMENT 120GM #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Medrox pain relief ointment is a combination of menthol, capsaicin, and methyl salicylate. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 4/13 fails to document the rationale or treatment goals with regards to pain, functional status or a discussion of side effects to justify use of a compounded product. The medical necessity of medrox pain relief ointment is not supported in the records.