

<b>Case Number:</b>	CM13-0005745		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 55 year old male, who sustained an industrial injury reported on 9/27/2012. He has reported ongoing right shoulder and back complaints. The diagnoses were noted to have included full thickness right rotator cuff tear and syndrome with recommended surgery and use of anti-inflammatory medications; medical subluxation of biceps tendon; and AC joint arthrosis. Treatments to date have included consultations; diagnostic imaging studies; requested right shoulder surgery (7/3/13); extensive conservative treatment with ice/heat, activity modifications, use of sling, and self-directed exercises; and medication management that includes oral anti-inflammatories. The work status classification for this injured worker (IW) was noted to have been unable to be returned to work until 3/28/2013, no update was noted. On 7/23/2013, Utilization Review (UR) non-certified, for medical necessity, the request, made on 7/2/2013, for Medrox patch #30, because the IW is already on oral non-steroidal anti-inflammatory medication. The American College of Occupational and Environmental medicine, topical medications, analgesic creams; and the Official Disability Guidelines, topical compounded medications; and the December 5, 2006 Federal Drug Administration news release on compounded topical anesthetic creams, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCH #30, DOS: 7/2/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Medrox patches contain topical menthol, capsaicin, and salicylate. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. MTUS states regarding topical Salicylate, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. In this case, topical capsaicin is not supported for topical use per guidelines. As such, the request for Medrox Patch #30, DOS: 7/2/2013 is not medically necessary.