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| Case Number: | CM13-0067002 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/22/2010 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 a 53 year old male, who sustained an industrial injury on February 22, 2010. The diagnoses have included status post arthroscopic with subacromial decompression and repair of the left rotator cuff in 2012 with possible recurrent rotator cuff tear; and rule out rotator cuff tear. Treatment to date has included MRI, electrodiagnostic studies, and oral pain, topical pain, anti-epilepsy, muscle relaxant, and proton pump inhibitor medications. On October 21, 2013, the treating physician noted constant left shoulder pain with numbness and tingling. The pain was rated 5/10. The physical exam revealed tenderness to palpation of the left shoulder, moderately decreased range of motion, positive Hawk's and Neer's tests, mildly decreased motor strength of the supraspinatus, and the drop arm test was equivocal and suspicious for possible recurrent rotator cuff tear. The treatment plan included Medrox lotion. On December 10, 2013, Utilization Review non-certified a prescription for Medrox lotion 120gm 2-3 times a day, noting the medication should be considered experimental and investigational as its clinical efficacy has not been established in the literature. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX LOTION 120QM 2-3 TIMES DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-113.

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

Decision rationale: Medrox ointment is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above MEDROX LOTION 120QM 2-3 TIMES DAY is not medically necessary.