

Case Number:	CM14-0196746		
Date Assigned:	12/04/2014	Date of Injury:	11/30/2011
Decision Date:	07/29/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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: California

Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on November 30, 2011. He reported an injury to his right shoulder and was diagnosed with right shoulder impingement and partial rotator cuff tear of the right shoulder. Treatment to date has included rest, ice/heat therapy, home exercise program, anti-inflammatory medications, physical therapy, pain medications, right shoulder arthroscopy on May 11, 2012, and MRI of the right shoulder. An evaluation on August 14, 2012 revealed the injured worker was doing well in his post-operative recovery. He had completed 24 sessions of physical therapy. He reported continued discomfort along the AC joint and difficulties with repetitive overhead activities and heavy lifting associated with weakness. On physical examination the injured worker had well-healed arthroscopic portals, forward flexion and abduction of 170 degrees, manual muscle testing of 4/5 in all planes. He had mild tenderness at the AC joint. The diagnoses associated with the request include status post right shoulder arthroscopy. A request was received for Medrox for date of service November 8, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox: Upheld

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

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

Decision rationale: Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." Methyl-Salicylate is shown to be superior to placebo and should not be used long term. It may be beneficial for short-term use. For capsaicin, data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy or failure of other 1st line treatment to even recommend a trial of capsaicin. For menthol, no data is in the MTUS. As per MTUS guidelines since all components are not recommended, the combination medication is not recommended. There is no dosage and or total prescription provided with this request. This compounded substance is not medically necessary.