

<b>Case Number:</b>	CM14-0207820		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/13/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 58 year old male with a date of injury of 11/13/2010. He fell. On 11/14/2010 he had an open reduction internal fixation of a left olecranon fracture. On 06/24/2011 he had a left shoulder rotator cuff repair, acromioplasty with decompression. The left elbow metal plate and screw were removed on 11/28/2011. On 12/07/2011 he had release of left finger 3, 4 and 5 and removal of a hypertrophic ossification of the left elbow. On 06/11/2014 he had back pain, neck pain, left shoulder pain, left wrist pain and left elbow pain. He had left arm weakness. There was stiffness and tightness of the cervical paravertebral muscles. The cervical range of motion was decreased. Spurling test was negative. He had a well healed left elbow and left shoulder surgery scar. There was decreased left elbow and left shoulder range of motion and there was elbow tenderness. Tinel's sign was present at the left elbow. He returned to modified work on 06/11/2014. He has been treated with surgery, physical therapy, medications, injections, acupuncture and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox (Medroxcin) Ointment (Methyl Salicylate 20%, menthol 5%, capsaicin 0.0375%):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topical, NSAIDs Page(s): 111-113,.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111. Topical Analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).] Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The requested compound is 7% Menthol. There is no documentation that Menthol is effective and it is not recommended. Thus, the entire compound is not recommended.