

Case Number:	CM15-0006055		
Date Assigned:	01/20/2015	Date of Injury:	02/13/2013
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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 54 year old male who sustained an industrial related injury on 2/13/13. The injured worker had complaints of right shoulder pain and was status post right superior labral repair, subacromial decompression for impingement and distal clavicle resection for AC joint impingement on 9/13/13. Prescriptions included Terocin lotion, Medrox patches, and Anaprox. Treatment included physical therapy. Diagnoses included cervical spine sprain/strain, shoulder and upper arm sprain/strain, shoulder impingement syndrome, and shoulder labrum tear. The treating physician requested authorization for Medrox patches (20% methyl salicylate, 5% menthol, and 0.037% capsaicin), Anaprox 550mg #60, and retro Terocin lotion (20% methyl salicylate, 10% menthol 0.05%, capsaicin 2.5% lidocaine). On 12/16/14 the requests were non-certified. Regarding Medrox patches, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the request was unreasonable as there was no documentation of first line therapy failure. Regarding Anaprox, the UR physician cited the MTUS guidelines and noted the injured worker was on long term non-steroidal anti-inflammatory medications without any documentation of significant derived benefit through prior long term use. Regarding Terocin lotion no specific citation or rationale was provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.037% Capsaicin): Upheld

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

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

Decision rationale: The requested Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.037% Capsaicin), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right shoulder pain and was status post right superior labral repair, subacromial decompression for impingement and distal clavicle resection for AC joint impingement on 9/13/13. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.037% Capsaicin) is not medically necessary.

Anaprox 550mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): Page 22.

Decision rationale: The requested Anaprox 550mg BID #60 is not medically necessary. California's Division of Worker's Compensation 'Medical Treatment Utilization Schedule' (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note 'For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has right shoulder pain and was status post right superior labral repair, subacromial decompression for impingement and distal clavicle resection for AC joint impingement on 9/13/13. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use which has been prescribed since August 2013, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox 550mg BID #60 is not medically necessary.

Retro Terocin Lotion 20% Methyl Salicylate 10% Menthol 0.05% Capsaicin 2.5% Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Retro Terocin Lotion 20% Methyl Salicylate 10% Menthol 0.05% Capsaicin 2.5% Lidocaine, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right shoulder pain and was status post right superior labral repair, subacromial decompression for impingement and distal clavicle resection for AC joint impingement on 9/13/13. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retro Terocin Lotion 20% Methyl Salicylate 10% Menthol 0.05% Capsaicin 2.5% Lidocaine is not medically necessary.