

<b>Case Number:</b>	CM15-0102321		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of February 16, 2010. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for Medrox ointment and MRI imaging of the shoulder while apparently approving the request for tramadol and docuprene. An April 1, 2015 progress note was referenced in the determination. On work status reports of April 29, 2015, April 22, 2015, and February 18, 2015, a rather proscriptive 15-pound lifting limitation was renewed. It was not clearly established whether the applicant was or was not working with said limitation in place. In a progress note dated April 1, 2015, the applicant reported 9/10 low back and shoulder pain complaints, aggravated by any kind of movement. Tramadol, docuprene, MRI imaging of the shoulder, dieting, gym membership, and exercise were suggested. A 15-pound lifting request was renewed. The applicant was using a cane to move about. 150 degrees of shoulder abduction was appreciated, with some limitation evident secondary to pain. MRI imaging of the shoulder was endorsed on the grounds that the applicant had never previously had shoulder MRI imaging and this would need to complete her diagnostic evaluation. The requesting provider was a physiatrist, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox ointment 120 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - MEDROX- menthol, capsaicin and methyl [dailymed.nlm.nih.gov/dailymedlookup.cfmsetid=e7836f22-4017.FDA](http://dailymed.nlm.nih.gov/dailymedlookup.cfmsetid=e7836f22-4017.FDA) Guidances & Info; NLM SPL Resources. Download Data · All Drug Label: MEDROX- menthol, capsaicin and methyl salicylate patch.

**Decision rationale:** No, the request for topical Medrox ointment was not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine, is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Medrox is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the fact that the applicant was concurrently given a first-line oral pharmaceutical medication, i.e., tramadol, effectively obviated the need for the capsaicin-containing Medrox compound in question. Therefore, the request was not medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 214.

**Decision rationale:** Similarly, the request for MRI imaging of the shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging of the shoulder is not recommended for routine evaluation purposes without surgical indications. Here, the attending provider's progress note of April 1, 2015 did seemingly suggest that MRI imaging was in fact being proposed precisely for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The requesting provider was a physiatrist, not a shoulder surgeon, reducing the likelihood that the applicant would go on to consider shoulder surgery based on the outcome of the study. The requesting provider further stated that he was seeking shoulder MRI imaging for academic purposes, with the stated goal of completing the applicant's evaluation. There was not, thus, either an explicit statement or an implicit expectation that the applicant would consider any kind of surgical intervention involving the injured shoulder, particularly in light of the fact that the applicant's shoulder range of motion was well-preserved as of the date of the request, April 1, 2015. Therefore, the request was not medically necessary.

