

<b>Case Number:</b>	CM15-0131492		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 41 year old female who sustained an industrial injury on 2/14/13 from a fall injuring her right shoulder, neck, back and both knees. Of note, 18 months prior to this current injury (1/1/12), she sustained injury to her bilateral knees from a fall. She was medically evaluated and had MRI of the right shoulder and cervical spine. She delivered a baby in late 11/2013. She currently complains of neck and right shoulder pain with burning sensation at times with a pain level of 9/10 and pain was preventing her from doing stretching exercises; she has low back stiffness and tightness. Medications and patches offered partial relief but the pain does not go completely away but becomes more tolerable. She was having difficulty with activities of daily living as she was performing them with her left hand and she is right hand dominant. On physical exam there was stiffness and tightness at the cervical paravertebral and trapezius areas with restricted and painful range of motion; the right shoulder revealed tenderness on palpation at the acromioclavicular joint as well as the subacromial space with positive Neer's and Hawkins signs on the right side; the lumbosacral spine revealed tenderness on deep palpation at L4-5 and L5-S1 as well as at bilateral posterior, superior iliac spine; the bilateral knees revealed tenderness on palpation at the medial joint line worse on the left. Diagnoses include cervical sprain, radiculopathy; right shoulder sprain; thoracic sprain' lumbar sprain; bilateral knee sprain; insomnia; depression; gastritis; cervical disc degeneration; lumbar disc degeneration; small partial thickness tear right shoulder. Medications were Motrin, Prilosec, Medrox patch. Treatments to date include medications; physical therapy; home exercise. Diagnostics include MRI of the neck (12/5/14) showing multiple level degeneration with annular bulges and

spurring; MRI of the lumbar spine (12/5/14) showing mild degeneration at multiple levels; shoulder MRI (12/5/14) showing a labrum tear, small partial thickness tear of the rotator cuff. In the progress note dated 6/2/15 the treating provider's plan of care included a request for Medrox patch every 12 hours # 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medrox Patches #30:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: 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 requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.