

<b>Case Number:</b>	CM15-0142226		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old female, who sustained an industrial injury on September 13, 2013 while working as an assembler. The injury occurred over time while performing her usual and customary duties. The injured worker has been treated for neck, right shoulder, right elbow and right wrist and hand complaints. The diagnoses have included right shoulder rotator cuff tear, persistent ulnar nerve cubital tunnel syndrome, chronic left wrist tendinitis, chronic cervical syndrome, carpal tunnel syndrome and forearm pain. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, injections, physical therapy, platelet-rich injections of the right elbow, heat-ice treatment, massage therapy, acupuncture treatments, hypnotherapy, exercises and right wrist surgery. The injured worker stopped working on February 11, 2014. Current documentation dated June 25, 2015 notes that the injured worker reported pain in the right hand, right wrist, right elbow and right shoulder with radiation to the right side of the neck. The injured worker also noted left hand pain around the left wrist with weakness, numbness and tingling. The pain was rated a 7 out of 10 the visual analogue scale. The pain was noted to impair the injured workers ability to perform activities of daily living and was causing problems with concentration, depression, anxiety and sleep. Examination revealed a painful and decreased range of motion of the cervical spine. Facet loading was positive bilaterally. Motor strength was decreased in the right upper extremity. Sensation was diminished to light touch, pinprick and temperature along the cervical-five, cervical-six dermatomes. Tenderness to palpation and trigger points were noted throughout the bilateral trapezius muscles, right greater than the left. Range of motion of the right shoulder was

decreased. Tenderness was noted in the medical and lateral right epicondyles. A Phalen's test was positive in the right elbow. A Tinel's test was positive in the right wrist. The treating physician's plan of care included a request for Medrox, start as directed for 30 days.

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

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

**Medrox, start as directed, 30 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 105, 111-113.

**Decision rationale:** Medrox contains capsaicin, methyl salicylate, and menthol. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.