

Case Number:	CM15-0204288		
Date Assigned:	10/21/2015	Date of Injury:	01/19/2009
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old male, who sustained an industrial injury on 1-19-2009. The medical records indicate that the injured worker is undergoing treatment for right frozen shoulder-adhesive capsulitis, right rotator cuff syndrome with supraspinatus tendon tear, right shoulder bursitis and tendinopathy, and status post right shoulder arthroscopy (4-22-2011 and 9-28-2012). According to the progress report dated 9-8-2015, the injured worker presented with complaints of increasing pain in his right shoulder and distal clavicle. On a subjective pain scale, he rates his pain 5-7 out of 10. The physical examination of the right shoulder reveals tenderness over the distal clavicle. He has abduction of 120 degrees and flexion of 160 degrees. He has pain at the extremes of motion. The current medications are Celebrex, Flector, Medrox, and Motrin. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, home exercise program, TENS unit, H-wave stimulator, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-23-2015) had non-certified a request for Medrox lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox lotion, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Regarding request for Medrox lotion, 30 day supply, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox lotion, 30-day supply is not medically necessary.