

<b>Case Number:</b>	CM15-0208540		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

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 injured worker is a 47 year old female, who sustained an industrial injury on 10-17-2011. The injured worker is undergoing treatment for left shoulder sprain. Medical records dated 6-30-2015 and 9-18-2015 indicate the injured worker complains of left shoulder pain without numbness or tingling. Physical exam dated 9-18-2015 notes left shoulder tenderness to palpation. Treatment to date has included Lidoderm patch, ice, home exercise program (HEP) and injection. The original utilization review dated 9-29-2015 indicates the request for Medrox-Rx 0.05%20%-7% topical ointment, 3 refills is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox-Rx 0.05%20%-7% topical ointment, 3 refills:** 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): Capsaicin, topical, Topical Analgesics.

**Decision rationale:** Medrox ointment is a topical analgesic containing the active ingredients methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any

compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.050% is not recommended by the MTUS Guidelines, the use of Medrox ointment is not recommended. The request for Medrox-Rx 0.05%20%-7% topical ointment, 3 refills is determined to not be medically necessary.