

Case Number:	CM14-0082207		
Date Assigned:	07/21/2014	Date of Injury:	07/23/2003
Decision Date:	10/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 52 -ear-old female was reportedly injured on 7/23/2003. The claimant underwent shoulder surgery on 8/5/2011. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of neck, right shoulder and back pains. Physical examination demonstrated decreased right shoulder range motion by 75% in flexion/abduction, anterior shoulder tenderness to the acromioclavicular joint and significant shoulder drooping noted. No recent diagnostic imaging studies available for review. Previous treatment includes Percocet, Celebrex, orphenadrine ER, Butrans patch and Medrox pain relief ointment. A request had been made for Medrox #120 with two (2) refills, which was not certified in the utilization review on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox #120 with two (2) refills: Upheld

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

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

Decision rationale: Medrox (dendracin) ointment is a topical analgesic ointment containing methyl salicylate, menthol and capsaicin. MTUS treatment guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines support capsaicin for individuals who are intolerant to other treatments for the management of osteoarthritis. Review of the available medical records fails to document the criteria required for the use of this medication. As such, this request is not considered medically necessary.