

Case Number:	CM13-0057069		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2013
Decision Date:	03/30/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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: Arizona, California
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 29 year old male, who sustained an industrial injury on March 7, 2013. He reported injury to his right shoulder. The diagnoses have included right shoulder labral tear and right shoulder impingement. Treatment to date has included diagnostic studies, medications, rest, ice, heat, activity modification, stretching and strengthening exercises. On May 2, 2013, the injured worker complained of continued mechanical symptoms and pain involving his right shoulder. He felt episodes of instability, clicking, catching and popping. The symptoms were noted to be progressively worse since the date of injury despite extensive treatment. On November 7, 2013, Utilization Review non-certified Medrox ointment 120mg #1 (date of service 04/03/2013), noting the CA MTUS Guidelines. On November 25, 2013, the injured worker submitted an application for Independent Medical Review for review of Medrox ointment 120mg #1 (date of service 04/03/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Medrox Ointment 120mg Dispensed 4/3/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, the claimant had been on oral NSAIDS. Therefore Medrox is not medically necessary.