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| Case Number: | CM15-0011165 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 07/14/2006 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old male who reported an injury on 07/14/2006 due to an unspecified mechanism of injury. On 11/18/2014, he presented for a followup evaluation. He stated that he was feeling worse since his last visit and rated his low back pain at 9/10 with radiation into the lower extremities and associated numbness and tingling. He also reported left shoulder pain rated at 6/10 that radiated into the neck and was associated with weakness, neck pain rated at 8/10 that radiated into both shoulders, right knee pain rated at 5/10, and right wrist pain rated at 5/10. A physical examination of the bilateral shoulders showed positive Neer's impingement test on the left and positive Hawkins-Kennedy impingement on the left. There was tenderness over the right wrist flexion and extension crease. Katz hand diagram revealed classic patterns of carpal tunnel syndrome. Phalen's was positive bilaterally and he had decreased grip strength bilaterally. There was muscle guarding and spasm present in the lumbar spine and paraspinous musculature tenderness to palpation was noted. Bilateral knee examination showed decreased range of motion on the right with medial joint line tenderness and a positive McMurray's and Apley's test on the right. He was diagnosed with a lumbar spine strain; left shoulder subacromial impingement syndrome; cervical spine strain; rule out medial meniscal tear of the right knee; prior wrist fracture; bilateral carpal tunnel syndrome; history of hypertension, anxiety, and depression; gerd. The treatment plan was for a topical analgesic date of service 11/18/2014. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Medroxin 120mg (Methyl salicylate, menthol and capsaicin ointment) apply 1-2 x per day
DOS: 11/18/14: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications to support the requested topical analgesic. Also, the quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.