

<b>Case Number:</b>	CM15-0011831		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 59-year-old male who reported injury on 02/05/2014. The mechanism of injury was cumulative trauma. The injured worker's diagnoses included multilevel cervical discopathy, bilateral carpal tunnel syndrome, right shoulder impingement, status post bilateral carpal tunnel release, left shoulder rotator cuff tear, right elbow partial tear of the common flexor tendon and strain, lumbar discopathy with radiculitis, status post left shoulder rotator cuff repair, right knee pain, and left shoulder rotator cuff re-tear per MRI on 04/23/2014. The injured worker underwent an MRI of the left shoulder. The documentation of 12/12/2014 revealed the injured worker had ongoing pain in the neck and shoulders as well as aching pain with burning sensation in the bilateral wrists. The injured worker had pain in his upper back, and pain in the right knee. The medications included ibuprofen and alprazolam. The physical examination revealed tenderness over the acromioclavicular joint. The injured worker had crepitus on range of motion which was reduced. The injured worker had decreased range of motion of the shoulder and there was pain with overhead reach with end range. There was a mildly positive Hawkins, impingement, and Neer's maneuver. The examination of the bilateral hands revealed there was tenderness to the lower aspect as well as the palmar side. The Tinel's sign was mildly positive. There was decreased grip strength. The examination of the lumbar spine revealed midline tenderness, spasm, and tightness over the paralumbar musculature. There was sciatic stretch bilaterally with hamstring tightness. There was decreased range of motion of the lumbar spine. The injured worker was given an intra-articular injection of Celestone and lidocaine. The treatment plan included transdermal creams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 12/24/14) Medrox #1-24 (no refills): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Topical Capsaicin Page(s): 105; 111; 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Online Package Insert

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended 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 indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation indicating the injured worker had not responded to other treatments. The request as submitted failed to indicate the body part to be treated, and failed to indicate the frequency for the requested medication. Additionally, there was no documentation submitted for review dated 12/24/2014. Given the above, the request for retrospective (DOS 12/24/14) Medrox #1-24 (no refills) is not medically necessary.