

<b>Case Number:</b>	CM15-0111282		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41-year-old female, who sustained an industrial injury on 2/14/13. She reported injuries to bilateral knees and right shoulder. The injured worker was diagnosed as having cervical sprain; cervical radiculopathy, right shoulder sprain, thoracic sprain, thoracic sprain, lumbar sprain, bilateral knee sprain, insomnia, depression, gastritis, cervical disc degeneration, lumbar disc degeneration and small partial thickness tear of right shoulder. Treatment to date has included oral medications, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 12/5/14 revealed mild diffuse cervical and thoracic dissection at C5-6 and C6-7, uncovertebral bone spur formation between C3 and C7 and reversal of normal cervical curvature with slight kyphosis and (MRI) magnetic resonance imaging of lumbar spine revealed mild L5-S1 disc dissection and disc bulge right paracentral and S1 nerve and mild L4-5 disc dissection left posterolateral annular bulge and annular fissure; (MRI) magnetic resonance imaging of right shoulder performed on 12/5/14 revealed SLAP tear with posterior paralabral ganglion causing nerve impingement and early changes of the DJD nervation of the infraspinatus and teres minor muscles, moderate supraspinatus and infraspinatus tendinosis with small partial thickness bursal tear of supraspinatus tendon laterally, subscapularis tendinosis and small partial thickness articular tear and AC joint arthrosis. Currently, the injured worker complains of neck pain with radiation to the right shoulder, rated 9-10/10 without medications and 5-6/10 with medications, she continues to complain of bilateral knee pain and low back pain is improving. She may work with modifications. Physical exam noted stiffness and tightness at cervical paravertebral and

trapezius with painful range of motion, tenderness at the acromioclavicular joint with restricted range of motion and tenderness at L4-5 and L5-S1 on deep palpation as well as bilateral posterior, superior iliac spine. The treatment plan included additional physical therapy, refilling of Prilosec, prescription for Medrox patch, continuation of home exercise program, joining a gym and follow up appointment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medrox patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Capsaicin, topical and topical analgesics Page(s): 105 and 28 and 111-113.

**Decision rationale:** Medrox Patch is not medically necessary per MTUS guidelines. Medrox Patch consists of Methyl Salicylate 5%; Menthol 5%; Capsaicin 0.0375%. Per MTUS, guidelines there are no studies of a 0.0375% formulation of capsaicin and this exceeds guideline recommendations. Per MTUS guidelines salicylate topicals including methyl salicylate and menthol are recommended however, the patch formulation of both of these formulations in combination with Capsaicin is not specifically mentioned in the MTUS. The MTUS states that topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate failure or intolerance of other treatments. The documentation does not indicate extenuating circumstances, which necessitate this topical cream therefore this request, is not medically necessary.