

Case Number:	CM15-0029220		
Date Assigned:	02/23/2015	Date of Injury:	02/13/2013
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 54 year old male, who sustained an industrial injury on February 13, 2013. He has reported neck and right shoulder pain. The diagnoses have included shoulder strain/sprain, cervical spine strain/sprain, and right shoulder adhesive capsulitis. Treatment to date has included medications, stretching, transcutaneous electrical nerve stimulation, physical therapy, and shoulder surgery. A progress note dated January 9, 2015 indicates a chief complaint of continued right shoulder pain. Physical examination showed no tenderness of the shoulder and a positive impingement sign. The treating physician retrospectively requested a prescription for Medrox patches. On January 20, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 17, 2015, the injured worker submitted an application for IMR of a request for a prescription for Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox patches, 20% Methyl Salicylate, 5% Menthol, 0.037% Capsaicin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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 has very little to no research to support their use. According to the MTUS guidelines, Capsacin are 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. In addition, the claimant had been on Medrox for over 5 months along with previously used topical Terocin. Long-term use of topical analgesics is not recommended. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.