

Case Number:	CM15-0041057		
Date Assigned:	03/11/2015	Date of Injury:	10/03/2012
Decision Date:	05/29/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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

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 64-year-old male, who sustained an industrial injury on 10/03/2012. He reported a pain to his right shoulder, spasms between his shoulder blades, and tightness around his neck. The injured worker is currently diagnosed as having rule out cervical radiculopathy, rule out right rotator cuff impingement, right knee strain, and right ankle strain. Treatment and diagnostics to date has included right shoulder MRI, cervical spine MRI, electromyography/nerve conduction studies, chiropractic treatment, physical therapy, and medications. In a progress note dated 04/18/2013, the injured worker presented with complaints of neck pain, headaches, and right shoulder pain. According to the application, Independent Medical Review is being requested for Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request Medrox for The Neck, Low Back, Right Shoulder, Right Ankle and Right Knee with DOS 7/11/13-11/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the most recent report dated 07/02/2013, this patient presents with pain at multiple areas. The request for authorization was not included in the file for review. The patient's work status is "continue working." The current request is for a Retro Request Medrox for the Neck, Low Back, Right Shoulder, Right Ankle and Right Knee with DOS 7/11/13-11/5/13. Medrox contains capsaicin/menthol/methyl salicylate. For salicylate, a topical NSAID, the MTUS Guidelines supports it for peripheral joint arthritis and tendinitis but not for axial spinal pain. In this case, the requested Medrox is not supported for the treatment of this patient's chronic neck and lower back condition. The treater does not state where this topical product is being used and with what effectiveness. Therefore, the current request is not medically necessary.