

Case Number:	CM15-0076144		
Date Assigned:	04/27/2015	Date of Injury:	02/15/2012
Decision Date:	06/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 53 year old female, who sustained an industrial injury on February 15, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical sprain, myofascial pain, and status post left shoulder surgery x2. Diagnostic studies to date have included an MRI of the left shoulder. Treatment to date has included a home exercise program and medications including oral pain, topical pain, histamine 2 antagonist, muscle relaxant, and non-steroidal anti-inflammatory. On February 23, 2015, the injured worker complains of continued left shoulder pain, which is unchanged. Her pain level is rated 5-6/10 with medication. Her pain is somewhat bearable. She also complains of left sided neck pain. She was not currently working as work modifications could not be accommodated by her employer. The physical exam revealed cervical paravertebral tightness and stiffness, normal cervical range of motion without pain, and negative cervical compression and Spurling's tests. The left shoulder exam revealed well-healed portals from prior surgery and no tenderness to palpation. The range of motion to 120 degrees was easy. There was pain and restricted range of motion after 120 degrees. The Neer's and Hawkins tests were positive. The treatment plan includes Medrox ointment (Medroxcin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment (Medroxcin) 120 grams #1: Upheld

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

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

Decision rationale: Medrox ointment is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox cream contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Medrox ointment (Medroxcin) 120 grams is not medically necessary.