

<b>Case Number:</b>	CM13-0070447		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61-year-old female who reported an industrial injury on 7/31/2009, over five years ago, attributed to the performance of her customary job tasks. The patient is status post right shoulder arthroscopic rotator cuff repair on 8/12/2010 and status post bunion surgery during 2010. The patient has received 30 sessions of physical therapy; medications; 10 sessions of acupuncture and activity modifications. The patient presently complains of pain in both shoulders; stiffness in the neck; numbness and tingling to the left hand. The diagnoses included status post right shoulder arthroscopic decompression and repair; left shoulder tendinosis and partial rotator cuff tear and probable bilateral carpal tunnel syndrome. The patient has been assessed, as reaching maximal medical improvement. The patient has been prescribed Naprosyn 550 mg; Tramadol 50 mg; Medrox ointment; Cidaflex along with stretching exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX OINTMENT (METHYL SALICYLATE, MENTHOL, AND CAPSAICIN)  
THREE TIMES A DAY # 120 GM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Topical Analgesics, Topical Analgesic Compounded.

**Decision rationale:** The prescription for Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the California MTUS and the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of the topical ointment does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams/patches on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm is not supported by the applicable California MTUS and ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. Therefore the request is not medically necessary.