

Case Number:	CM13-0002238		
Date Assigned:	07/24/2013	Date of Injury:	08/20/2008
Decision Date:	01/15/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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:

██████████ 56 year-old ██████████ for ██████████, was rear ended while driving, and injured her neck, shoulder, upper extremities. This happened while at work on 08/20/08. She is currently working modified duty. The bilateral upper extremities, lower back & neck have been accepted by the carrier

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches 0.375%-5%: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28 and 111-113. Decision based on Non-MTUS Citation Curr Med Res Opin. 2013 May;29(5):527-38. doi: 10.1185/03007995.2013.781019. Epub 2013 Mar 21. Mechanism- and experience-based strategies to optimize treatment response to the capsaicin 8% cutaneous patch in patients with localized neuropathic pain.

Decision rationale: According to the Chronic Pain Management Guidelines pg 28 : Capsaicin is to be considered experimental in high doses. It is appropriate if pain is not controlled with conventional therapy. It was considered 1st line therapy for arthritis pain study referenced in

guidelines with number needed to treat as 5.7. Pg 12 of the guidelines states the Acetaminophen is 1st line therapy for chronic back pain. Medrox is a combination of Methyl Salicylate , Menthol and Capsaicin .0375%. Capsaicin is the key ingredient for pain control and per the cited guidelines. It is appropriate in moderate doses (.025% to .075%) if 1st line therapy is not adequate. As referenced in the article cited, up to 8% Capsaicin is considered for pain . Since the Medrox is within normal dose ranges for Capsaicin it is appropriate to use as an adjunctive pain reliever.