

Case Number:	CM13-0006809		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2012
Decision Date:	05/16/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 56-year-old male who reported injury on 06/05/2012. The precise mechanism of injury was not provided. The documentation of 06/27/2013 revealed the injured worker had complaints of chronic headaches, tension between shoulder blades, and migraines. The injured worker additionally had complaints of chronic low back pain. The diagnoses included cervical lumbar discopathy, carpal tunnel double crush syndrome, and rule out internal derangement of the left shoulder and bilateral knees, and bilateral plantar fasciitis. The treatment plan included medications and spinal surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH #30: Upheld

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 Salicylate, Topical Analgesic, Topical Capsaicin, Page(s): 102,111,28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The clinical documentation submitted for review failed to indicate that the injured worker had trialed and failed antidepressants and anticonvulsants and was intolerant to other treatments. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations for capsaicin. Given the above, the request for Medrox Patch #30 is not medically necessary.