MAXIMUS Federal Services

Case Number:	CM13-0008199		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2010
Decision Date:	05/20/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/07/2013

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 Arizona. 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:

Patient is a 58 year old male with a date of injury on 7/10/2010. Lumbar MRI in 2011 repeated in 3/13 showed spinal cord compression at T11-12, thecal sac and neural root compression at L2L3 and L3L4, L4L5 and thecal sac effacement and neural root compression at L5S1. Subjective complaints are of low back pain is described as 8/10 with radiation and numbness. Physical exam shows Kemp's and Facet test as positive on both sides and paraspinal and facet joint tenderness at L4-5 and L5-S1. Lower extremity neurological exam is within normal limits and lumbar range of motion is decreased. Medications in June 2013 were Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 10%/menthol 2%/Camphor 2%, Flurbiprofen 20%/Tramadol 20% and Medrox Patch, also metformin and glipizide for diabetes with no oral pain medications. Medications prescribed July 24 were Tramadol 50 mg 1-2 tablets 3-4 times daily and amitriptyline 6%/Dextromethorphan 30% /Tramadol 10% three times daily. Topical creams are prescribed in the records but use or effect is not reported. Previous treatments include physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, and surgery in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIB 20%, TRAM 20%, LIPODERM BASE 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Flurbiprofen, and Tramadol. Guidelines do not recommend topical Tramadol as no peer-reviewed literature support its use. Chronic Pain Medical Treatment Guidelines indicates that topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. For these reasons, the request is not medically necessary and appropriate.

DISPENING FEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: CA MTUS and ODG guidelines are silent on a dispensing fee. But Chronic Pain Medical Treatment Guidelines do not support the use of the dispensed compounds. Since the medical necessity for the requested medications is not established, the medical necessity for a dispensing fee is also not medically necessary and appropriate.

MEDROX PATCH #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylates Page(s): 112-113, 105.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

Decision rationale: Medrox patches are a compounded medication that includes methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While Capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific Final Determination Letter for [redacted] guidelines or recommendations for its indication or effectiveness. For this patient documentation does not identify pain relief or functional improvement with this medication. Furthermore, there is no documentation of intolerance of oral medications, or failure of first line medications. Due to

Medrox not being in compliance to current guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary and appropriate.