

Case Number:	CM13-0010149		
Date Assigned:	03/26/2014	Date of Injury:	07/26/2007
Decision Date:	08/26/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/16/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 59 year old female injured on 07/26/07 due to an undisclosed mechanism of injury. Current diagnoses include status-post left hip arthroscopy with labral reconstruction and osteoplasty of the femoral neck and acetabulum as well as partial iliotibial band release and trochanteric bursectomy, left hip osteoarthritis, and left lower extremity paresthesias. Clinical note dated 06/10/13 indicates the injured worker presented complaining of left hip pain status-post Synvisc injection from previous office visit in addition to parasthesias in the left lower extremity. Physical examination of the left hip reveals pain with flexion/internal rotation, decreased range of motion, ambulation with a limp, hypersensitivity to light touch along the anterior thigh and lateral calf, and 5/5 strength in bilateral lower extremity motor testing. Computed tomography scan of the left hip performed on 05/16/13 revealed focal loss of subchondral bone plate with subchondral cyst formation in the acetabulum; no fracture present. The injured worker recommended Lidoderm patches and aquatic therapy. The initial request for Medrox patch #30 date of service 06/26/13 was initially non-certified on 07/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH # 30 DOS 06/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Medrox is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Medrox patch # 30 date of service 06/26/2013 is not medically necessary.