

Case Number:	CM13-0012743		
Date Assigned:	11/06/2013	Date of Injury:	02/19/2002
Decision Date:	01/14/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & Rehabilitation, 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:

Patient has a date of injury of February 19, 2002. A utilization review determination dated August 2, 2013 recommends noncertification of Medrox patches and massage therapy sessions. The utilization review report states, "significant objective findings on July 16, 2013 by [REDACTED] consisted of reduced cervical spine range of motion, reduced (4/5) biceps and wrist flexor strength, thoracic tenderness and paraspinal spasms, and an unchanged lumbar spine exam. The patient was diagnosed with status post anterior cervical discectomy and fusion of C4 - 6, bilateral lower extremity radiculopathy, adjacent level degeneration and disease at L4 - 5, chronic cervical and lumbar spine pain, and anxiety and depression secondary to chronic pain. The provider is requesting a prescription of Medrox patches at this time." A progress report in October 15, 2012 identifies subjective complaints of low back pain, neck pain, and right shoulder pain. Physical examination identifies reduced cervical spine range of motion, reduced right shoulder range of motion, "shoulder impingement syndrome is positive on the right and negative on the left." Assessment states right shoulder rotator cuff partial tear, cervical disc syndrome, lumbar disc syndrome, sexual dysfunction, anxiety and depression, and diabetes. Discussion states, "this patient suffered a work - related injury and requires treatment. Causation is the direct result from mechanism of injury. "

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Menthol. Decision based on Non-MTUS Citation Mason-BMJ 2004.

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

Decision rationale: Medrox is a combination of Methyl salicylate, Menthol, and Capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical Non-steroidal anti-inflammatory drug (NSAIDs) have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis, but are not afterwards, or with the diminishing effect over another two-week period. Regarding the use of Capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.

Unknown massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Menthol. Decision based on Non-MTUS Citation Mason-BMJ 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that massage therapy is recommended as an option. They go on to state that treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in Final Determination Letter for IMR Case Number CM13 - 00127434 most cases. Within the documentation available for review, there is no indication as to the number or frequency of massage therapy visits currently being requested. Guidelines clearly recommend against open-ended massage therapy treatments, and recommend that massage therapy be used only for a limited period of time. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.

