

Case Number:	CM13-0014360		
Date Assigned:	10/03/2013	Date of Injury:	03/15/2002
Decision Date:	01/29/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/21/2013

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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chest pain, and upper extremity pain reportedly associated with an industrial injury of March 15, 2002. Thus far, the patient has been treated with the following: Analgesic medications; prior lumbar spine surgery in 2003; attorney representation; and topical compounds. In a utilization review report of July 23, 2013, the claims administrator denied the request for several topical compounds. The patient's attorney later appealed, on August 8, 2013. A later progress note of August 15, 2013, is notable for comments that the applicant is using oral oxycodone along with various topical compounds. Some of the operating diagnoses include fibromyalgia, intractable pain, neck pain, shoulder pain, and elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCFL Topical Analgesic Cream 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The ingredients in the compound are not clearly stated. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, however, topical analgesics are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to make the case for largely experimental topical compounds as the applicant is described as using a first-line oral pharmaceutical, namely oxycodone, without any reported difficulty, impediment, and/or impairment.

Medox Patch #60 q8h: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: Per the National Library of Medicine, Medrox is an amalgam of methyl salicylate, menthol, and capsaicin. In this case, one of the ingredients in the compound, specifically capsaicin, is considered a last line agent, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that capsaicin is recommended only as an option in those applicants who have not responded to and/or are intolerant to other treatments. In this case, however, the applicant is apparently using first line oxycodone without impediment and/or impairment, effectively obviating the need for the largely experimental topical Medrox. Accordingly, the request remains non-certified, on independent medical review.