

Case Number:	CM13-0014827		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2006
Decision Date:	03/10/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of November 18, 2006. A progress report dated September 12, 2013 identifies subjective complaints of a severe increase in her pain in left knee with trouble with ambulation, and increase lower back pain and muscle spasm. The patient is currently using Vimovo, Tramadol, and a home exercise program. Physical examination identifies tenderness to palpation, right lumbar muscle spasm, and inability to stand straight due to muscle tightness and pain. The left knee has edema and a well healed surgical scar. Current diagnoses include L3 through S1 facet syndrome with myofascial spasm and left knee chondromalacia. The current treatment plan recommends continuing the current medication, beginning a trial of Skelaxin, continuing a home exercise program, and a Toradol injection. A progress report dated March 27, 2013 indicates that Terocin was dispensed to apply to her knee, neck, and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for 30 Medrox patches (10/23/12): 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 Page(s): 111-113.

Decision rationale: Medrox is a combination of methyl salicylate, menthol, and capsaicin. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended individually is not recommended as part of a compound. Regarding the use of topical nonsteroidal anti-inflammatories, guidelines state that the efficacy in clinical trials for this treatment has been inconsistent; most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Guidelines go on to state that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. 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. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine. 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 request is not medically necessary.