

Case Number:	CM13-0015929		
Date Assigned:	10/11/2013	Date of Injury:	11/04/2005
Decision Date:	10/27/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 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 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:

According to the records made available for review, this is a 64-year-old female with a 11/4/05 date of injury. At the time (8/5/13) of the Decision for topical Medrox ointment, topical Lidoderm 5% patches, topical Medrox patches, and topical Solaraze 3% gel, there is documentation of subjective (back, knee and foot pain) and objective (not specified) findings, current diagnoses (strain and sprain of lumbosacral spine with disc protrusion, plantar fasciitis, persistent multilevel disc disease, strain and sprain of right knee, non-displaced fracture of the inferior pole of the left patella, spiral defect proximal to the right foot, and non-displaced fracture of the right great toe), and treatment to date (medications (including ongoing treatment with Norco and Motrin) and physical therapy). Regarding Medrox ointment, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Regarding Lidoderm, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Regarding Solaraze gel, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Medrox ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/medrox-rx-ointment.html>

Decision rationale: An online source identifies that Medrox ointment contains Methyl salicylate, Menthol, and Capsaicin 0.050%. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of strain and sprain of lumbosacral spine with disc protrusion, plantar fasciitis, persistent multilevel disc disease, strain and sprain of right knee, non-displaced fracture of the inferior pole of the left patella, spiral defect proximal to the right foot, and non-displaced fracture of the right great toe. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for topical Medrox ointment is not medically necessary.

Topical Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of strain and sprain of lumbosacral spine with disc protrusion, plantar fasciitis, persistent multilevel disc disease, strain and sprain of right knee, non-displaced fracture of the inferior pole of the left patella, spiral defect proximal to the right foot, and non-displaced fracture of the right great toe. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for topical Lidoderm 5% patches is not medically necessary.

Topical Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/otc/129388/medrox.html>

Decision rationale: An online source identifies that Medrox Patches contains Menthol and Capsaicin 0.0375%. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of strain and sprain of lumbosacral spine with disc protrusion, plantar fasciitis, persistent multilevel disc disease, strain and sprain of right knee, non-displaced fracture of the inferior pole of the left patella, spiral defect proximal to the right foot, and non-displaced fracture of the right great toe. However, Medrox Patches contains at least one drug (Capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical Medrox patches is not medically necessary.

Topical Solaraze 3% gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac sodium, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/solaraze.html>

Decision rationale: An online source identifies that Medrox ointment contains Diclofenac sodium. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Diclofenac sodium gel. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Diclofenac sodium gel. Within the medical information available for review, there is documentation of diagnoses of strain and sprain of lumbosacral spine with disc protrusion, plantar fasciitis, persistent multilevel disc disease, strain and sprain of right knee, non-displaced fracture of the inferior pole of the left patella, spiral defect proximal to the right foot, and non-displaced fracture of the right great toe. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for topical Solaraze 3% gel is not medically necessary.