

Case Number:	CM13-0016724		
Date Assigned:	11/06/2013	Date of Injury:	02/22/2010
Decision Date:	01/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 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.

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 52-year-old male who reported an injury on 02/22/2010. The notes indicate the patient was initially injured as result of moving a safety pole causing injury to the shoulder and back. The most recent clinical notes submitted for review are dated 07/22/2013 which indicated the patient was seen for an orthopedic re-evaluation. The notes indicate the patient has continued occasional exacerbations of neck pain caused by increased physical activity. With regard to the left shoulder, the notes indicate the patient continues to have pain primarily with physical activity and regarding the lumbosacral spine, the patient continues to experience moderate low back pain occasionally exacerbated with increased physical activity including bending, twisting, and squatting motions. Physical examination of the patient regarding the cervical spine noted spinous process tenderness at C5-6 and C6-7 levels with moderate paraspinal muscle guarding and tenderness. The patient also indicated moderate occipital tenderness and moderate trapezius spasm with tenderness. Regarding the left shoulder, there was slight guarding with movement of the left shoulder on physical exam with the patient presenting with well-healed and non-tender arthroscopic portals. Range of motion of the left shoulder was limited with flexion of 125 degrees, extension 35 degrees, abduction 120 degrees, adduction 30 degrees, external rotation 40 degrees, and internal rotation 20 degrees. In the lumbosacral spine, the patient had spinous process tenderness at L4-5 and L5-S1 levels with moderate paraspinal muscle guarding due to tenderness and moderate guarding of movement. The patient also had left sciatic notch tenderness and slight right sciatic notch tenderness. Flexion of the lumbar spine revealed 50 degrees and extension 10 degrees with right and left side bending at 15 degrees. Knee reflexes were 2+ bilaterally and ankle reflexes 1+ bilaterally. Straight leg raise was to 60 degrees bilate

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.MEDROX (menthol, capsaicin, methyl salicylate) patch - DailyMed dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017 .

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. CA MTUS states that salicylate topicals are recommended as significantly better than placebo in chronic pain. While the documentation submitted for review indicates the patient is currently utilizing Medrox for pain management, guidelines do not support the recommendation for its use. Salicylate topicals are indicated as better than placebo; however, clinical literature details that Medrox patches contain active ingredients which include capsaicin at a formulation of 0.0375%. However, there is lack of documentation indicating this formulation provides any further efficacy over a standard formulation of 0.025%. Given the above, the request for Medrox patch is not medically necessary and appropriate.