

Case Number:	CM13-0017164		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2011
Decision Date:	04/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 56-year-old male who reported an injury on 05/20/2011. The mechanism of injury was a fall. The patient experienced an immediate onset of left knee pain; however, he continued to work, seeking treatment 1 month later. It was noted that the patient received a lumbar epidural steroid injection in 2011 and was also prescribed anti-inflammatory and other pain medications. He received MRIs of the bilateral knees on an unknown date, with no discussion of results provided. He was later referred for pain management, as he did not wish to undergo surgical interventions at that time. It was noted in 2012, that the patient developed unspecified neurological deficits with accompanying foot drop. The patient's treatment history from 2012 to the present is unclear, as there were no updated records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX 0.0375-20% DISPENSED 4/20/2013: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat primarily neuropathic or osteoarthritic pain. Guidelines also state that any compounded product containing at least 1 drug or drug class that is not recommended deems the entire product not recommended. Medrox is a combination of menthol and capsaicin; however, the capsaicin formulation is 0.0375%. California Guidelines do not recommend capsaicin in formulations above 0.025%, as there is no evidence that they provide any further efficacy. As such, the request for MEDROX 0.0375-20% DISPENSED 4/20/2013 is non-certified.