

Case Number:	CM13-0018427		
Date Assigned:	10/11/2013	Date of Injury:	05/17/2009
Decision Date:	01/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery 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 55-year-old gentleman who sustained multiple orthopedic injuries in a work related accident on 05/17/09. The most clinical report available for review is a 04/01/13 assessment with [REDACTED], where the claimant was with complaints of neck pain, chronic headaches, shoulder pain, carpal tunnel syndrome, and bilateral knee complaints. It states at present the claimant's symptoms have not changed significantly. He was utilizing medications with examination showing tenderness of the cervical paravertebral muscles with spasm, limitation of endpoints of movement and a positive Spurling's test. The upper extremity evaluation revealed positive Phalen's testing with described generalized weakness and thenar atrophy noted. Lumbar spine is with paravertebral tenderness and dysesthesias in a L5-S1 dermatomal distribution. The claimant was noted to be with previous well healed incisions from bilateral knee surgery consistent with his prior joint replacement procedures. The recommendation at that time was continuation of medication management to include Medrox topical compound. Further clinical records are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch #30: 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 Chronic pain, Topical Analgesics Page(s): 111-113.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued use of Medrox patches in this case would not be supported. Guidelines indicate that topical use of compounded agents is not supported if any agent itself is not supported. Medrox contains Capsaicin, Menthol, and Methyl salicylate. The Capsaicin in Medrox patches is 0.0375, which is greater than the 0.025 percent, for which Guidelines would support use. Furthermore, Capsaicin is only indicated if first line treatments are intolerant or not indicated. The absence of first line treatments as well as the percentage of Capsaicin being utilized would fail to necessitate the role of this topical compound at present.