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| Case Number: | CM13-0019978 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 09/25/2011 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 09/04/2013 |

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 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 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 56-year-old male with a 9/25/11 date of injury. At the time (7/29/13) of request for authorization for Medrox patch #30 DOS 7/10/13, there is documentation of subjective (neck and low back pain aggravated with usual activities; left shoulder pain) and objective (C/S tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, positive axial loading compression test and Spurling maneuver, painful and restricted ROM, dysesthesias at the C5 to C7 dermatomes; left shoulder tenderness, positive Hawkins and impingement, pain with terminal motion; BUE + Tinel's, Phalen's and pain with terminal flexion; L/S tenderness, pain with terminal motion, positive seated root test, and dysesthesias at the L5 and S1 dermatomes; tenderness at the bilateral knees, positive patellar compression test, positive McMurray sign, and pain with terminal flexion) findings, current diagnoses (left shoulder impingement syndrome with partial rotator cuff tear, cervical discopathy with radiculitis, lumbar discopathy with radiculitis, s/p left knee surgery with DJD, right knee medial meniscus tear with chondromalacia patella, and carpal tunnel/double crush syndrome), and treatment to date (ESI and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: MEDROX PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG--PAIN CHAPTER

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

Decision rationale: Medrox is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. 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 left shoulder impingement syndrome with partial rotator cuff tear, cervical discopathy with radiculitis, lumbar discopathy with radiculitis, s/p left knee surgery with DJD, right knee medial meniscus tear with chondromalacia patella, and carpal tunnel/double crush syndrome. However, Medrox 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 Medrox patch #30 DOS 7/10/13 is not medically necessary