

Case Number:	CM13-0020285		
Date Assigned:	03/26/2014	Date of Injury:	08/28/2012
Decision Date:	07/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

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:

The injured worker is a 26-year-old female who reported an injury on 09/08/2012. The injury reported was when the injured worker's left foot was stepped on. The diagnoses included contusion of the foot, sprain of the foot, and sprain of the ankle. Previous treatments included medications, x-rays, physical therapy, and an air boot. Within the clinical note dated 12/16/2012, it was reported the injured worker complained of low back pain radiating to the left foot. Upon physical examination, the provider noted the injured worker had decreased range of motion of the lumbar spine in all planes of motion. The provider indicated the examination of the left foot could not be done. Deep tendon reflexes at the patella and Achilles were within normal limits. The provider recommended a Medrox patch. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

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 Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Medrox patch is not medically necessary. The injured worker complained of low back pain radiating to the left foot. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. The guidelines note topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available in 0.025% formulation. There have been no studies of a 0.375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide further efficacy. Medrox patch contains capsaicin 0.0375%, menthol 5%, and methyl salicylate 5%. The request submitted failed to provide the frequency and quantity of the med. In addition, the request does not specify a treatment site. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted contains capsaicin, which exceeds the guidelines' recommendations of 0.025%. There is a lack of documentation indicating the injured worker had not responded or is intolerant to other treatments. Additionally, the injured worker had been utilizing the medication for an extended period of time, since at least 12/2012, which exceeds the guidelines' recommendation of short-term use 4 to 12 weeks. Therefore, the request for Medrox patch is not medically necessary.