

Case Number:	CM13-0020826		
Date Assigned:	10/11/2013	Date of Injury:	03/28/2008
Decision Date:	02/11/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Practice 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 41-year-old female who reported a work-related injury on 03/28/2008 due to cumulative trauma. She is status post C5-6 interbody fusion and artificial disc replacement and is status post hardware removal. The patient has undergone acupuncture, physical therapy, and injections. Her diagnoses include status post C4-6 hybrid reconstruction, status post removal of cervical hardware, and right shoulder impingement syndrome. Request has been made for Medrox patches #30 dispensed on 06/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Medrox patches #30 dispensed on 6/3/13: Upheld

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

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

Decision rationale: Recent clinical documentation stated the patient complained of increased spasm and tightness in her cervical area and stated she continued to benefit from acupuncture. The patient had been going to physical therapy which had been helping with her range of motion and she requested to continue reducing her Percocet. California Medical Treatment Guidelines

indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin. California Medical Treatment Guidelines for chronic pain indicate capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is lack of documentation stating the patient had been intolerant to other treatments. Guidelines further state there have been no studies of a 0.375% formulation of capsaicin and there is no current indication this increase over a 0.025% formulation would provide any further efficacy. Due to capsaicin is not recommended per guideline criteria, the request for Medrox patches #30 dispensed on 06/03/2013 is non-certified.