

Case Number:	CM13-0022102		
Date Assigned:	11/13/2013	Date of Injury:	06/04/2006
Decision Date:	01/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 45-year-old male who reported an injury on 6/4/06; the mechanism of injury was not provided for review. The patient is status post an interbody fusion at the L4-S1 level, and status post an interbody fusion at the C4-5 and C6-7 levels with hardware removal from the C5-6 level. The patient's chronic pain was managed with medications. He also underwent an arthroscopic chondroplasty, meniscectomy, and synovectomy. The patient was monitored for aberrant behavior with urine drug screens. His most recent physical exam findings included tenderness to palpation over the cervical paravertebral muscles and pain with range of motion, as well as a positive Tinel's sign at the left elbow, and positive Tinel's and Phalen's signs at the left wrist. Physical exam findings of the left knee revealed a well-healing incision with no evidence of an infection at the surgical site. The patient's treatment plan included the continuation of medications and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment 120gm, #2: Upheld

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

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

Decision rationale: The clinical documentation submitted for review evidences that the patient has several pain generators that may benefit from medication management. However, Medrox contains a 0.375% formulation of capsaicin. The California Medical Treatment Utilization Schedule does not recommend this formulation of capsaicin over lesser amounts. Additionally, there was no documentation submitted for review to indicate that the patient is intolerant of first-line oral medications or other types of treatments. Although the other components of Medrox (methyl salicylate and menthol) are supported by the California Medical Treatment Utilization Schedule in the use of pain control, the formulation of capsaicin is not supported by guideline recommendations. The California Medical Treatment Utilization Schedule states that any topical agent that contains a drug or drug class that is not recommended individually by guidelines is not recommended as a whole. As such, the request is not medically necessary or appropriate