

Case Number:	CM13-0024672		
Date Assigned:	01/15/2014	Date of Injury:	10/10/2012
Decision Date:	03/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & 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 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 40-year-old male who reported an injury on 10/10/2012. The mechanism of injury was noted to be the patient slipped on a piece of plastic and fell while at work. The patient's diagnosis was noted to be displacement of lumbar intervertebral disc without myelopathy. The documentation to support the request indicated the patient had continued self-treatment including medications without improvement. The patient was noted to have continued flare-ups with an attempt to increase activity. The physical examination of the lumbar spine revealed left lower muscle spasm and tenderness to palpation in the left upper, mid, and lower paravertebral muscles. The range of motion was decreased. There was increased pain with lumbar motion. The plan was noted to include a pain management evaluation for a lumbar epidural steroid injection and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox dispensed on 7/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Topical Capsaicin; Medrox Package Insert (online version).

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Clinical documentation submitted for review failed to provide the patient had trialed and failed antidepressants and anticonvulsants and had not responded or was intolerant to other treatments. Additionally, per the submitted request there was lack of documentation indicating the quantity of medication that was being requested. Given the above, the retrospective request for Medrox dispensed on 7/25/2013 was not medically necessary.