

Case Number:	CM13-0025831		
Date Assigned:	10/11/2013	Date of Injury:	10/15/1998
Decision Date:	01/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 51-year-old injured worker who reported an injury on October 15, 1998. The mechanism of injury was not noted in the medical records. The patient's symptoms are noted as persistent low back pain and radiation into right buttocks. It was noted that the patient has been taking Tylenol with Codeine and using Medrox ointment which helps with their back pain. The patient tried and failed several pain medications in the past including Vicodin, Percocet, Norco, and Tramadol which she did not tolerate. Objective findings include limited range of motion of the lumbar spine, normal motor strength of the bilateral lower extremities, and antalgic gait. Diagnoses are listed as chronic intractable low back pain secondary to lumbosacral degenerative disc disease, status post anterior/posterior lumbar fusion at L3-4 and L4-5, neuropathic pain, chronic pain syndrome, and anxiety. It is stated that it is not in the patient's best interest to increase their narcotic usage, and a recommendation was made to continue use of the topical analgesic to help manage pain. It was noted that the Medrox ointment should be applied twice a day to help relieve back spasms and pain. A request was noted for Medrox patches which are noted to include menthol and Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for the prescribed Medrox Patch dispensed on 7/16/2013 for back symptoms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105,111,113.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It further states that many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many of these agents. It further states that any compounded product that contains at least 1 drug that is not recommended is not recommended. In regard to Capsaicin, the guidelines state that topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, the guidelines state that salicylate topicals which include menthol are recommended as these have been shown to be significantly better than placebo in chronic pain. Based on the medical records provided, the patient was noted to have been intolerant to opioid medications including Vicodin, Percocet, Norco, and tramadol. Furthermore, the documentation does not include whether the patient responded to NSAID medications, acetaminophen, or salicylate topicals without the addition of Capsaicin. In the absence of this more detailed documentation of the patient's medication history, the use of topical Capsaicin cannot be supported. The request for the prescribed Medrox Patch dispensed on 7/16/2013 for back symptoms is not medically necessary and appropriate.