

Case Number:	CM13-0026120		
Date Assigned:	11/22/2013	Date of Injury:	05/14/2012
Decision Date:	03/18/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 58-year-old female who reported an injury on 05/14/2012. The mechanism of injury was noted to be a slip and fall. Her symptoms include low back pain and left knee pain. Objective findings include decreased range of motion of the lumbar spine, positive muscle spasm in the bilateral lumbar paravertebral musculature, positive facet loading, decreased motor strength to 4+/5 in the bilateral lower extremities, decreased range of motion of the left knee, and negative straight leg raise testing bilaterally. Her diagnoses include facet arthropathy, left ischial tuberosity bursitis, and left knee pain. It was noted that her medications included Naproxen sodium 550 mg, Hydrocodone/APAP 5/325 mg, and Medrox patches

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Medrox patches #5 times 2 for the date of service 7/09/13: 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 Topical analgesics Page(s): 111-113.

Decision rationale: Medrox patches are noted to include menthol and capsaicin 0.0375 grams. California MTUS Guidelines state topical analgesics are largely experimental in use with limited evidence to show efficacy and safety. Capsaicin is recommended for topical use only for patients who have not responded or are intolerant to other treatments. Additionally, capsaicin is generally available as a 0.025% or a 0.075% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical information submitted for review failed to show a detailed medication history including any medications that the patient may not have responded to or was intolerant to. Therefore, the use of topical capsaicin is not recommended. Additionally, the patient's Medrox patches are noted to include the 0.0375% formulation which is not recommended by the guidelines. For these reasons, the request is non-certified.