

Case Number:	CM13-0027627		
Date Assigned:	12/18/2013	Date of Injury:	04/17/2006
Decision Date:	04/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 expert 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 47-year-old male who reported an injury on 04/17/2006. The mechanism of injury was not provided in the medical records. The patient was diagnosed with displacement of cervical intervertebral disc without myelopathy. The symptoms include ongoing neck, mid/low back pain which rated as 6- 7/10 on the pain scale. Physical examination revealed decreased sensation to the right C5 and C7 dermatomes; and a decreased sensation to the left L3, L4, L5, and S1 dermatomes. The motor exam was 4+/5 for the left deltoid, biceps, internal and external rotators; and -5/5 for right deltoid, biceps, internal and external rotators.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN GUIDELINES, TOPICAL ANALGESICS, PAGE 111. Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, PAGE 111-113. Page(s): 111-1.

Decision rationale: Final Determination Letter for IMR Case Number CM13-0027627 3 The Claims Administrator based its decision on the MTUS CHRONIC PAIN GUIDELINES,

TOPICAL ANALGESICS, PAGE 111. The Expert Reviewer based his/her decision on the MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, PAGE 111-113. The Expert Reviewer's decision rationale: According to the California Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, and local anesthetics). The guidelines also state there is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful to the specific therapeutic goal required. The guidelines also state 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. As Medrox patches contain 0.0375% formulation of capsaicin, and there is no current indication this formula would provide any further efficacy, the request is non-certified. Given the above, the request for 1 prescription of Medrox patches is non-certified.