

Case Number:	CM13-0028648		
Date Assigned:	11/27/2013	Date of Injury:	09/10/2010
Decision Date:	01/31/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice 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 43-year-old female who reported an injury on 09/10/2010. To note, the most recent clinical documentation is dated 04/01/2013. There is no current clinical documentation submitted for review to include subjective/objective findings, diagnosis, treatment to date, etc. On the 04/01/2013 clinical note, the patient was primarily being seen for a follow up from her exposure to mold at her previous place of employment. The patient was noted as taking the medication Ventolin once or twice a week and was still using Advair 2 to 3 puffs per day. The physical examination revealed a well-developed, well-nourished female with no acute distress. Spirometry was performed that day which was noted as being within normal limits, with the overall impression as the patient having been diagnosed with asthma and allergic rhinitis. According to the physician, the patient had reached maximum medical improvement at the time of the evaluation. The physician is now requesting Medrox patches with a total number of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Under California MTUS, it states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, adrenergic receptor agonists, adenosine, cannabinoids, -adrenergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The medication being requested is Medrox patches which contain the ingredient capsaicin of .0375% which is listed under the non-recommended medications at this formulation on the California MTUS Guidelines. Furthermore, without sufficient clinical documentation providing objective information pertaining to the patient's overall physical status at this time, the requested service cannot be deemed medically necessary. As such, the requested service is noncertified.