MAXIMUS Federal Services

Case Number:	CM13-0028844		
Date Assigned:	11/27/2013	Date of Injury:	05/09/1997
Decision Date:	04/01/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 & Rehabilitation, and is licensed to practice in New York. 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 63-year-old male who reported injury on 05/09/1997. The mechanism of injury was noted to be the patient was lifting a heavy bucket. The patient's current medication regimen was noted to be Norco 10/325, Flexeril 7.5, and Medrox patches. The patient's diagnosis was noted to be chronic pain syndrome, chronic low back pain 70%, and bilateral lumbar radiculopathy signs and symptoms greater than 30% of the pain. It was indicated that the physician would refill the patient's pain medications and increase the Flexeril to 10 mg 3 times a day, request and MRI (magnetic resonance imaging), request an orthopedic consult, and request chronic pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Medrox Patch, 1 patch a day for 30 days with 1 refill (60pcs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 & 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Goodman & Gillmans' The Pharmacological Basis of Therapuetics, 11th ed. McGaw Hill (2006), Physician's Desk reference, 65th ed. www. Rxlist.com, epocrates Online, Monthly Prescribign Reference, and Opioid Dose Calculator-AMDD

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Medrox Online Package

Decision rationale: The 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 is 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, the guidelines indicate 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." Capsaicin is not approved and Medrox is being used for chronic pain. The clinical documentation submitted for review failed to provide documentation of the duration the patient had been using the medication. There was a lack of documentation indicating the efficacy of the requested medication. There was a lack of documentation indicating a necessity for a refill of the medication without re-evaluation. Given the above, the request for 1 purchase of Medrox patch, 1 patch a day for 30 days with 1 refill (60 pieces) is not medically necessary.