

Case Number:	CM13-0029864		
Date Assigned:	11/01/2013	Date of Injury:	01/24/1994
Decision Date:	01/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 Emergency 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 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 66 year old injured worker with a date of injury of January 24, 1994 (mechanism of injury not recorded, and another injury recorded on February 20, 2011 due to a slip and fall. Medical records dated May 21, 2013, indicates diagnoses of cervical spondylosis with multi-level herniation and stenosis from C4-7, bil arm and lower extremity radiculopathy, multi-level lumbar herniation and stenosis, right knee meniscal injury S/P arthroscopy (5/29/13), and extensor tendonitis. The patient continues to have persistent neck and low back pains rated 1-2/10 along with left wrist/hand and right knee pain with rated pain of 3-4/10. Objective exam shows right knee with mild effusion but intact ROM, and limited right wrist ROM. Documentation indicates lumbar paraspinal spasms and tenderness and palpable cystic masses on first dorsal web space and wrist extensors. Medical records show over 5 physical therapy sessions with minimal improvement. The patient is currently on Medrox patches and flurbiprofen cream and is currently receiving physical therapy twice a week. The physician exam by [REDACTED] on September 24, 2013, noted unchanged exam or pain. [REDACTED] added on Voltaren cream and noted that the patient was on Medrox patches and flurbiprofen cream at that time. Utilization review on September 19, 2013 recommended non-certification. The request is for Medrox cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Medrox cream: 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: The MTUS Chronic Pain Medical Treatment guidelines, states, "any compounded product that contains at least one drug (drug class) that is not recommended is not recommended." Medrox cream contains methyl salicylate, menthol and capsaicin. 1) Methyl-salicylate: Is a topical salicylate and is more effective than placebo and is recommended. 2) Capsaicin: Recommended only for those who are intolerant or not responsive of other treatments. 3) Menthol: No data available". While methyl-salicylate is recommended; the indications for the use of capsaicin has not been met. There is no documentation of an attempt at oral medications or other topical medications (such as methyl-salicylate alone) and there is no documentation of other medication failure or intolerance. The request for 1 prescription of Medrox cream is not medically necessary and appropriate.