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| Case Number: | CM13-0032021 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 09/14/1997 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 66-year-old female with date of injury 09/14/1997. Per treating physician's report of 11/29/2013, this patient has listed diagnoses of: 1. Status post knee arthroscopy. 2. Status post nasal fracture. 3. Status post nasal surgery x3. 4. Right knee chondromalacia and osteoarthritis. 5. Lumbar spine disk herniation. 6. Status post right knee arthroscopy. 7. GERD. 8. Anxiety and depression. 9. Bilateral wrist myoligamentous sprain/strain. 10. Left shoulder myoligamentous sprain/strain. The presenting symptoms include constant headaches, neck pain at intensity of 7/10 to 8/10, upper extremity and shoulder blade pain, chronic low back pain at 8/10 to 9/10 with radiation down to both lower extremities with cramping sensation, right knee pain at 9/10. This report states that the current medications include Lidoderm patch. Under treatment recommendation, Anaprox is recommended and also Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches 1-2 times per day, # 30: Upheld

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

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

Decision rationale: This patient presents with widespread pain including leg, low back, shoulders, upper extremity, and knees. The treating physician has prescribed Medrox patch. Medrox patch is a topical compounded medication that includes salicylate, menthol, capsaicin at 0.0375% and lidocaine. MTUS Guidelines states that one of the compounded medications is not recommended then the entire compound is not recommended. In this case, topical NSAIDs or namely salicylate may be indicated given the patient's chronic peripheral joint pain and arthritis. However, capsaicin cream at 0.0375% is not recommended per MTUS Guidelines. MTUS Guidelines specifically does not recommend concentrations at or above 0.0275% as higher concentrations have not shows any additional efficacy. Given that capsaicin at 0.0375% is not supported by MTUS Guidelines. The request is not medically necessary and appropriate.