

Case Number:	CM13-0034044		
Date Assigned:	12/06/2013	Date of Injury:	07/20/2004
Decision Date:	04/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Medicine and is licensed to practice in Arizona. 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 41-year-old female with a date of injury on 7/20/2004. The patient has been treated for ongoing symptoms related to her neck, left shoulder, and right wrist and thumb. Submitted documentation shows subjective complaints of constant pain in right thumb/wrist, cervical spine and left shoulder that interfere with sleep. The physical exam demonstrates tenderness to the right thumb, with decreased strength. The medications include Soma, Daypro, and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDROX 120MG #120 DOS: 6/7/10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, SALICYLATES, 111-113, 105.

Decision rationale: The Medrox patch is a compounded medication that includes methyl salicylate, menthol, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended, the entire product should not be recommended.

While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. For this patient, documentation does not identify pain relief or functional improvement with this medication. Furthermore, there is no documentation of intolerance of oral medications, or failure of first line medications. Due to Medrox not being in compliance with current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.

RETROSPECTIVE MEDROX 120MG #120 DOS: 7/12/10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, SALICYLATES Page(s): 111-113.

Decision rationale: The Medrox patch is a compounded medication that includes methyl salicylate, menthol, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended, the entire product should not be recommended. While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. For this patient, documentation does not identify pain relief or functional improvement with this medication. Furthermore, there is no documentation of intolerance of oral medications, or failure of first line medications. Due to Medrox not being in compliance with current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.

RETROSPECTIVE MEDROX 120MG #120 DOS: 2/28/11: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, SALICYLATES Page(s): 111-113.

Decision rationale: The Medrox patch is a compounded medication that includes methyl salicylate, menthol, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended, the entire product should not be recommended. While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, capsaicin is only recommended as an option in patients who have not

responded or are intolerant to other treatments. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. For this patient, documentation does not identify pain relief or functional improvement with this medication. Furthermore, there is no documentation of intolerance of oral medications, or failure of first line medications. Due to Medrox not being in compliance with current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.