

Case Number:	CM13-0035158		
Date Assigned:	12/13/2013	Date of Injury:	02/02/2013
Decision Date:	03/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported injury on 2/2/13. The mechanism of injury was stated to be the patient was headbutted by an arrestee on the left side of the eye and forehead, smashing the patient's back of the head into the ceiling of a vehicle. The patient was noted to have a left carpal tunnel release on 5/6/13. The patient's diagnoses include contusion of the face, scalp, and neck. The request was made for retrospective Medrox ointment 120 ml, on date of service 9/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox Ointment 120ml on date of service 9/9/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) guidelines, web-based edition, www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical salicylate, topical analgesic, capsaicin Page(s): 105,111,112.

Decision rationale: MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Guidelines further indicate that any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Guidelines indicate that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, also adding that 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, 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." In this patient's case, the medical records submitted for review fail to provide documentation of a primary treating physician's progress report to indicate the necessity for the requested medication. Additionally, as capsaicin 0.0375% is not recommended per guidelines, the retrospective request for Medrox ointment 120 mg, on 09/09/13 is not medically necessary. The retrospective request for Medrox Ointment 120ml on date of service 9/9/13 is not medically necessary and appropriate.