

Case Number:	CM13-0036269		
Date Assigned:	03/28/2014	Date of Injury:	08/20/2009
Decision Date:	04/29/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 08/20/2009. The mechanism of injury was not stated. The patient is diagnosed with right knee patellofemoral arthritis with tendinitis. There was no physician progress report submitted on the requesting date of 08/19/2013. The patient was seen by [REDACTED] on 07/19/2013. The patient reported improvement with a BioniCare brace. Physical examination revealed decreased range of motion with 4/5 weakness and positive crepitus. Treatment recommendations at that time included an arthrogram of the right knee and continuation of Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF MEDROX 20/5/0.0375%, #120 DOS: 8/19/13:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet Guideline criteria for the requested medication. Additionally, California MTUS Guidelines state 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. As such, the request for Prescription of Medrox 20/5/0.0375%, #120 DOS: 8/19/2013 is non-certified.