

Case Number:	CM13-0042034		
Date Assigned:	12/20/2013	Date of Injury:	04/26/2009
Decision Date:	04/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of April 26, 2009. A utilization review determination dated September 20, 2013, recommends non-certification of Medrox ointment for lumbar/thoracic area and left knee. The previous reviewing physician recommended non-certification of Medrox ointment for lumbar/thoracic area and left knee due to lack of guidelines support for any compounded product that contains at least one drug (or drug class) that is not recommended. A Progress Report dated August 8, 2013, identifies a history of low back pain that is worse with the pain more in the right side than left radiating down the leg till toes. The physical exam identifies a range of motion that is restricted. On palpation of the paravertebral muscles, spasm, tenderness, and tight muscle band is noted on the left side. The patient is unable to walk on the heel, and toes. There is tenderness along the sacroiliac (SI) joint. The Right Hip FABER test is positive. There is lumbago, chondromalacia patellae, pain in joint of lower leg, and lumbar radiculopathy. The plan identifies refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX OINTMENT FOR LUMBAR/THORACIC AREA AND LEFT KNEE: Upheld

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

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

Decision rationale: Medrox is a combination of methyl salicylate, menthol, and capsaicin. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one (1) drug or drug class that is not recommended, is not recommended. The Guidelines also indicate that Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral non-steroidal anti-inflammatory drugs (NSAIDs). Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, the guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. Finally, the guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox ointment for the lumbar/thoracic area and left knee is not medically necessary.