

Case Number:	CM13-0042714		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2013
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 & 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 reported an injury on 05/10/2013. The mechanism of injury was stated to be the patient was driving a bus and felt a gradual onset of pain. The patient's diagnosis was noted to be lateral epicondylitis of the elbow and the request was made for ibuprofen and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Topical Salicylate, page 105, Topical Analgesic, page 111, Capsaicin, page 112..

Decision rationale: California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments ... 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 it indicates 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." The clinical documentation submitted for review failed to include exceptional factors to support non-adherence to Guideline recommendations and failed to indicate the patient had not responded or was intolerant to other treatments. Given the above, the request for Medrox Patch #30 is not medically necessary.