MAXIMUS Federal Services

Case Number:	CM13-0044160		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2013
Decision Date:	10/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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 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:

The injured worker is a 51 year old male who sustained work-related injuries on February 12, 2013. Per the September 18, 2013 records, the injured worker complained of 5-6/10 low back pain. He continued to take medications and completed his course of acupuncture treatments, which helped alleviate his pain. However, he continued to have headaches, which were alleviated by medications. He was seen by his psychiatrist on August 28, 2013 and was advised to return on an as needed basis. He continued to have post-traumatic symptoms and he was released into his previous occupation. A cervical spine examination noted muscle tenderness and spasm. His range of motion was restricted and his sensation was reduced in the bilateral hands. The lumbar spine examination noted paravertebral muscle tenderness and spasm. His straight leg raising test was positive bilaterally. He is diagnosed with (a) closed-head trauma; (b) cervical spine strain, rule out radiculopathy per magnetic resonance imaging; and (c) lumbar spine strain, rule out radiculopathy per magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, page 105 Topical Analgesics, page 111 Capsaicin, page 112 Page(s): 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, Topical (Chili Pepper/ Cayenne Pepper)

Decision rationale: Evidence-based guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not medically necessary. In this case, the requested Medrox pain relief ointment is composed of methyl salicylate 20 grams in 100 grams, menthol 5 grams in 100 grams, and capsaicin 0.0375 grams in 100 grams. This is a compounded product. Therefore, each main component should be carefully studied. Methyl salicylate and capsaicin are regarded by evidence-based guidelines to have some therapeutic effect on pain. Capsaicin is primarily indicated if the injured worker has osteoarthritis, fibromyalgia and chronic non-specific back pain. However, it has moderate to poor efficacy. It may be useful if used alone or in conjunction with other modalities in patients whose pain has not been controlled successfully with conventional therapy. Based on the records received, conventional therapy including chiropractic treatments has been able to bring forth pain relief as well as sleep. The injured worker does not exhibit any of the aforementioned indications. Moreover, the menthol component has not been documented to provide pain relief and is lacking support from evidence-based guidelines. The injured worker does not meet any of the indications as mentioned above. Therefore, the medical necessity of the requested Medrox pain relief ointment is not established.