MAXIMUS Federal Services

Case Number:	CM13-0044468		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2011
Decision Date:	05/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 and is licensed to practice in Minnesota. 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 41-year-old male who reported an injury on 07/14/2011. The mechanism of injury was not provided. The clinical documentation submitted for review indicated the injured worker had been utilizing Norco, Flexeril, Medrox topical, and a TENS unit, as well as Cymbalta as of 01/2013. The documentation of 07/19/2013 revealed the addition of Relafen. Physical examination of 09/20/2013 revealed the injured worker had tenderness to palpation over the thoracic musculature at the vertebral aspect of the left scapula and at the rhomboid location. Trigger points were not palpable in this region. Neuromuscular upper extremity examinations were within normal limits. The injured worker had tenderness/guarding that was localizable to the left T4 and T5 dermatomal distributions. The Spurling's test was negative bilaterally. The treatment plan included Norco, Ultram, and a continuation of Relafen as well as Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 BOTTLES OF MEDROX OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Topical Capsaicin Page(s): 105,111,28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 01/2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain to support the necessity for Medrox ointment. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to indicate the frequency and the strength of the medication. Given the above, the request for 2 bottles of medrox ointment is not medically necessary.

60 RELAFEN 750MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 67.

Decision rationale: California MTUS Guidelines recommend NSAIDs for the short-term treatment of acute exacerbations of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 2 months. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 Relafen 750mg is not medically necessary.