

Case Number:	CM13-0049754		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2002
Decision Date:	07/29/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/08/2013

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 American Board of Family Practice 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 57 yr. old male claimant who sustained a work injury on 5/2/12 involving the head, back, neck, right shoulder and right wrist. He has a diagnosis of a blunt head injury, cervical spine myofascial pain, thoracic myofascial pain, lumbar spine disc herniation with radiculopathy, right wrist right shoulder pain. He had undergone therapy and used oral as well as topical analgesics for pain. The progress note on March 6, 2013 indicated he had radiating pain to his neck, back and arms. Exam findings were notable for tenderness to palpation over paraspinal muscles as well as tenderness to the right upper extremities. The treating physician requested Medrox patches for the claimants pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Medrox contains: Methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents has very little to no research to support their use. According to

the California MTUS guidelines, capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated, is not indicated. Therefore, Medrox is not medically necessary.