

Case Number:	CM13-0053883		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2012
Decision Date:	03/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational Medicine 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 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 is a 28 year old male who was injured on 05/17/2012 while getting out of the vehicle not knowing his vehicle was in reverse and it struck the parked OV. The patient jumped in the truck to stop the vehicle and injured the right knee and right leg. Prior treatment history included therapeutic exercises, physical therapy, and medications. There was no documented prior surgery of the lumbar spine, right ankle and right knee. MRI scans of the right knee. Minimal globular increased signal intensity is seen in the posterior horn of the medial meniscus most consistent with mild intrasubstance degeneration. The anterior horn of the medial meniscus is unremarkable as are the anterior and posterior horns of the lateral meniscus. There is no evidence of joint effusion. The cartilaginous surfaces are intact. The anterior and posterior cruciate ligaments, the medial and lateral collateral ligaments, and the patellar and quadriceps tendons are unremarkable. MRI scans of the right ankle showed Mild posterior tibialis tenosynovitis. Calcaneal spurring as described above. Electromyography study dated 09/28/2012 showed Abnormal electromyography study of the lumbar spine and lower extremities in a pattern suggestive of irritation of the right L5 nerve root. Nerve conduction studies dated 09/28/2012 showed Motor fibers, normal responses. Sensory fibers, normal responses. F-Waves, normal responses, H-reflexes, normal responses. SEP study, normal responses. MRI of the lumbar spine showed no fracture is seen. No destructive bony lesion is identified. The conus medullaris terminates at L1 and appears unremarkable. The distal spinal cord and cauda equine are normal. The paraspinal soft tissues appear unremarkable. L1-L2, There is no significant disc herniation. L2-L3, there is no significant disc herniation, L3-L4, there is no significant disc herniation L4-L5 there is no significant disc herniation. L5-S1 there is no significant disc herniation. Noted 08/14/2012 X-rays for low back pain, unremarkable examination. A clinic note dated 12/05/2013 the patient stated that his lower back pain has worsened due to the cold weather. He

states that his knee and right ankle pain have improved. Physical examination: lumbar spine, paravertebral muscles are tender. Spasm is present. Range of motion is restricted. Motor strength and sensation are grossly intact. Right knee, anterior joint line is tender to palpation. MCL is tender to palpation. McMurray's test is negative. Right ankle, anterior TFL is tender to palpation. Effusion was noted about the right ankle. He was diagnosed with lumbar radiculopathy, right knee internal derangement and right ankle sprain. Plan was the patient to continue taking medications as before, and a refill is provided to him. He was prescribed Ketoprofen, Omeprazole, Orphenadrine ER, Tramadol, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Medrox pain relief ointment to be affected area twice a day, #30:
Upheld

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

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

Decision rationale: Medrox ointment is a topical analgesic with active ingredients of methyl salicylate, menthol, and capsaicin. Per CA MTUS guidelines, the use of topical capsaicin has moderate to poor efficacy. It is considered largely experimental with few randomized controlled trials to determine efficacy and safety. Further, guideline indicate that topical analgesics are only recommended for neuropathic pain when trials of oral antidepressants and anticonvulsants have failed. There is no clear documentation of neuropathic pain nor does there appear to have been a trial of oral agents. Medically necessity has not been established. Therefore, Medrox is non-certified.