

Case Number:	CM13-0054057		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2009
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 & Rehabilitation 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 patient is a 57 year old male with date of injury of 06/01/2009. The listed diagnoses per [REDACTED] dated 04/19/2013 are: hypertension; hyperlipidemia; sleep disorder; lumbar spine radiculopathy; internal derangement of bilateral knees; H. pylori; anxiety; depression; history of GI difficulties secondary to medications; lumbar spine degenerative disc disease; status post right knee surgery, 2009; status post left knee surgery, 2009. According to the progress report by [REDACTED], the patient notes improving GI symptoms, sleep quality and hypertension. The physical exam shows the patient is alert and oriented. There is no clubbing, no cyanosis or edema noted in the extremities. No other significant findings were noted on the physical exam. The treater is requesting Medrox patches 0.0375%-20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX 0.0375-20% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CREAMS Page(s): 111.

Decision rationale: This patient presents with back pain and is status post bilateral knee surgery from 2009. The treater is requesting Medrox patches 0.0375%-20%. The MTUS Chronic Pain Guidelines pages 111 to 113 state for topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." • Medrox patch is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and Methyl Salicylate, an NSAID. In this case, the capsaicin is not recommended above a 0.025% concentration in the medical records provided for review. Therefore, the request is not medically necessary and appropriate.