

Case Number:	CM13-0055999		
Date Assigned:	12/30/2013	Date of Injury:	12/11/1998
Decision Date:	03/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55 year old male who reported an injury on 12/11/1998. The mechanism of injury was noted to be the patient was lifting a tree. The patient's diagnosis was noted to be lumbago. The documentation submitted for review dated 10/02/2013 revealed the patient had worsening abdominal pain, diarrhea, and constipation. The pain was radiating from the lumbar spine to the legs and was rated at 8/10 on the pain scale. The patient's diagnoses were noted to include abdominal pain, acid reflux likely secondary to stress, rule out ulcer/anatomic alteration, constipation secondary to narcotics, bright red blood per rectum, history of hemorrhoids per patient, hypertension per patient, blurred vision rule out secondary to hypertension, hyperlipidemia per patient, and sleep disorder secondary to pain. The orthopedic diagnoses were noted to include psychiatric diagnosis, status post lumbar spine discectomy in 1999 and 2003 and status post left kidney removal. The request was made for new medications including Dexilant 60 mg 1 by mouth daily #30, Amitiza 24 mg by mouth twice a day #60, CFTMC topical, Medrox patches to use as directed #60 a 1-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Medrox Online Package Insert Page(s):.

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. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to Guideline recommendations. There was a lack of documentation indicating whether the patient had previously been on the medication and the functional benefit from the medication if the patient was on the medication previously. Given the above and the lack of documentation, and the lack of documented quantity being requested, the request for Medrox dispensed on 10/4/2013 is not medically necessary.