

Case Number:	CM13-0063459		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2010
Decision Date:	05/23/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 03/19/2010. The mechanism of injury was not provided. There was no physical examination, progress notes, or [REDACTED] Request for Authorization (RFA) submitted for review for the requested date of service. The diagnosis was lumbago. The request per the application for independent medical review was for Medrox pain relief ointment 120 g #240, date of service of 07/18/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDROX PAIN RELIEF OINTMENT 120MG #240 DOS 7/18/12: 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 Section Topical Salicylate, Section Topical Analgesic, and Section Topical Capsaicin Page(s): 10. Decision based on Non-MTUS Citation Medrox Online Package Insert.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical

analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, 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, the MTUS 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. There was no progress report or [REDACTED] Request for Authorization (RFA) submitted for review to support the necessity for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above, the retrospective request for Medrox pain relief ointment 120 mg #240, date of service 07/18/2012 is not medically necessary.