

Case Number:	CM13-0064663		
Date Assigned:	01/03/2014	Date of Injury:	10/26/1995
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 65-year-old female who sustained unspecified injury on 10/26/1995. The injured worker was evaluated on 01/06/2014 for complaints of constant neck pain rated 5/10. The injured worker additionally complained of constant low back pain rated 7/10 which sometimes increased to 8- 9/10. The documentation additionally indicated the injured worker complained of left knee pain with associated stiffness. The physical examination of the upper extremities revealed paraspinal and trapezial spasms and tenderness and mild weakness in the wrist extensors, flexors, biceps and triceps muscle groups. The examination of the lumbar spine revealed paraspinal spasms and tenderness and positive sciatic notch tenderness. The evaluation's treatment plan indicated the requests for physical therapy, a decompression and fusion, and the continuation of her pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 MEDROX 0.0375-20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate and Capsaicin Topicals.

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

Decision rationale: The request for 120 Medrox 0.0375-20% is non-certified. Medrox is a topical analgesic that contains 20% methyl salicylate, 5% menthol, and 0.0375% capsaicin. The California MTUS states that topical analgesics are largely experimental and any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review did not indicate the patient was intolerant or had not responded to other treatments. Furthermore, the documentation submitted for review did not indicate the use of Medrox. It is unclear if the injured worker was using the medication prior to the evaluation. Therefore, the analgesic effect of the medication is unclear. As such, the continued use of the medication is not supported. Given the information submitted for review, the request for 120 Medrox 0.0375-20% is not medically necessary