MAXIMUS Federal Services

Case Number:	CM13-0065080		
Date Assigned:	01/03/2014	Date of Injury:	01/03/2002
Decision Date:	04/01/2014	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 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, has a subspecialty in Pain Management 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 61 year old female who was injured on 01/03/2002. She twisted her left knee while chasing a burglary suspect. Treatment history included medications and Synvisc injection to the left knee. She underwent a left knee arthroscopy with arthroscopic partial lateral meniscectomy and removal of loose bodies on 05/15/2003. She also underwent a left knee operative arthroscopy on 05/15/2008. She was also using Medrox patches for pain and inflammation. PR-2 note dated 10/25/2013 documented the patient to have complaints of intermittent low back pain, rated at 4/10, which was getting better since her last visit. She also complained of frequent left knee pain, rated at 7/10, with weakness and giving way. Moreover, she reported intermittent bilateral ankle and foot pain, rated at 4/10. She stated that her left knee pain, as well as her bilateral ankle and foot pain remained the same since her last visit. Objective findings on exam revealed tenderness to palpation of the lumbar paravertebral musculature. There was positive sciatic notch tenderness on the left. She had tenderness to palpation over the left knee. There was positive medial and lateral join line tenderness on the left. Crepitus and grind tests were also positive on the left side. She had positive moderate effusion in the left knee. The patient was diagnosed with lumbar musculoligamentous sprain and strain with left lower extremity radiculopathy, left knee osteoarthritis, and right foot small digit fracture, status post fall

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Medrox patches between 12/2/2013 and 1/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Journal of Pain Symptom Management "Topical Agents for the Management of Musculoskeletal Pain", 33(3), 2007, pages 342-355

Decision rationale: Medrox patches containing 5% methyl salicylate, 5% menthol and 0.0375% capsaicin. This patient was diagnosed with left knee osteoarthritis, lumbar sprain/strain with radiculopathy, and right foot small digit fracture. As per CA MTUS guidelines, capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis). 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. The dosage exceeds guidelines recommendation. The guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Medrox patches x30 is non-certified.