

Case Number:	CM13-0066748		
Date Assigned:	01/03/2014	Date of Injury:	12/31/2007
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Oklahoma. 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 61-year-old male who reported an injury on 12/31/2007. The mechanism of injury was noted as a fall. Per the clinical note dated 08/08/2013, the injured worker presented with continued complaints of leg pain on the left side with cramping and swelling. The injured worker had complaints of a burning sensation in the right leg, with continued complaints of low, constant, aching back pain. The injured worker complained of burning sensations in the hips and bilateral foot pain. The provider noted the injured worker had difficulty standing from the sitting position and had a limp favoring the left lower extremity. The injured worker had a positive sciatic tension test to the left leg. The diagnoses listed included status post lumbar spine surgery with left leg deep vein thrombosis and emotional stress. No medications, diagnostic studies, or other therapies were provided for medical review. The request for authorization for medical treatment, DWC Form RFA, was not provided for the request of the Medrox patches #30 and the Medrox Lotion 120 gm. The documentation did not provide a definitive rationale for the requested cream and patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines state topical analgesics are largely experimental in their use with few randomized control trials that are unable to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that could include the lack of systemic side effects, absence of drug interactions, and no need to titrate. Many of the agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, therefore, is not recommended. The use of the compound agents requires knowledge of specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Medrox patches contain menthyl salicylate, menthol, and capsaicin. Capsaicin is recommended, but only for specific indications by the MTUS Guidelines. The documentation provided for review noted the injured worker had complaints of leg pain on the left side with cramping and swelling, with a burning sensation in the right leg and continued low back pain. There was a lack of documentation detailing the injured workers prior courses of treatment. There was a lack of documentation provided demonstrating any significant functional improvement due to the use of the Medrox patch. Furthermore, there was no evidence given in the submitted documentation that the injured worker has tried and failed first-line therapy. The clinical information provided also failed to indicate how long the injured worker has been utilizing this medication. The request for Medrox Patches is not medically necessary.

MEDROX LOTION 120 GMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines state that topical analgesics are largely experimental in their use, with few randomized control trials that are unable to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that could include the lack of systemic side effects, absence of drug interactions, and no need to titrate. Many of the agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, therefore, is not recommended. The use of the compound agents requires knowledge of specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The Medrox patches contain menthyl salicylate, menthol, and capsaicin. Capsaicin is recommended, but only for specific indications by the MTUS Guidelines. The documentation provided for review noted the injured worker had complaints of leg pain on the left side with cramping and swelling, with a burning sensation in the right leg and continued low back pain.

There was a lack of documentation detailing the injured workers prior courses of treatment. There was a lack of documentation provided demonstrating any significant functional improvement due to the use of the Medrox patch. Furthermore, there was no evidence given in the submitted documentation that the injured worker has tried and failed first-line therapy. The clinical information provided also failed to indicate how long the injured worker has been utilizing this medication. The request for Medrox Lotion is medically not necessary