

Case Number:	CM13-0067673		
Date Assigned:	05/07/2014	Date of Injury:	01/11/2001
Decision Date:	12/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/18/2013

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, 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 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:

According to the records made available for review, this is a 64-year-old female with a 1/11/01 date of injury, and left knee arthroscopic surgery on 10/25/10. At the time (11/5/13) of the Decision for pharmacy purchase of Medrox (unspecified dosage and amount) and pharmacy purchase of Anaprox (unspecified dosage and amount), there is documentation of subjective (left lower leg pain) and objective (tenderness over the lower gastrocnemius muscles extending to the Achilles tendon, increased pain on dorsiflexion of the left ankle, and negative Tinel's sign) findings, current diagnoses (left lower leg/Achilles tendon strain with tendinitis), and treatment to date (medications (including ongoing treatment with Anaprox) and home exercise program). Regarding Medrox, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Regarding Anaprox, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Medrox (unspecified dosage and amount): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/medrox-rx-ointment.html>

Decision rationale: An online source identifies that Medrox ointment contains Methyl salicylate, Menthol, and Capsaicin 0.050%. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of a diagnosis of left lower leg/Achilles tendon strain with tendinitis. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. In addition, there is no documentation of the amount and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for pharmacy purchase of Medrox (unspecified dosage and amount) is not medically necessary.

Pharmacy purchase of Anaprox (unspecified dosage and amount): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of left lower leg/Achilles tendon strain with tendinitis. In addition, there is documentation of pain and ongoing treatment with Anaprox. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. In addition, there is no documentation of the amount and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for pharmacy purchase of Anaprox (unspecified dosage and amount) is not medically necessary.