

Case Number:	CM13-0067697		
Date Assigned:	01/03/2014	Date of Injury:	02/02/2013
Decision Date:	04/22/2014	UR Denial Date:	11/15/2013
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 Physical Medicine & Rehabilitation 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:

The patient is a 40-year-old female who reported an injury on 02/02/2013. The patient was noted to be utilizing Medrox patches in 10/2013. The documentation of 11/04/2013 revealed the patient had constant postoperative left knee pain with radiation down to the left heel and associated numbness. The patient was attending acupuncture and physical therapy once a week. The patient's diagnoses were noted to include left upper and lower extremity cervical and lumbar radiculopathy. The patient additionally was diagnosed with status post left knee arthroscopy and removal of loose body as well as chondroplasty on 09/18/2013. The treatment plan was noted to include discontinuation of crutches, and to trial Medrox lotion 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX LOTION 120G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics, and Topical Capsaicin Page(s): 105,111 and 28.

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

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. 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. 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. The clinical documentation submitted for review indicated the patient had taken the medication 1 month prior to the prescription for lotion. There was a lack of documentation of efficacy of the requested medication. There was a lack of documentation indicating the patient had neuropathic pain and that trials of antidepressants and anticonvulsants had failed and that the patient had not responded or was intolerant to other treatments. Given the above, the request for Medrox Lotion is not medically necessary.