

Case Number:	CM13-0067923		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2012
Decision Date:	05/28/2014	UR Denial Date:	12/07/2013
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 and Rehabilitation and Pain Medicine 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 26-year-old male who reported injury on 06/14/2012. The mechanism of injury was repetitive motion. The documentation of 12/03/2012 revealed the injured worker had midline pain rated a 7/10 on the pain scale. The injured worker had been treated with 6 sessions of physical therapy with temporary relief. Diagnoses included lumbar HNP, lumbar facet arthropathy and mild lumbar stenosis. The treatment plan included physical therapy or chiropractic care, a trial of Flexeril 7.5 mg #30, naproxen 550 mg #60 and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: MEDROX PATCHES TWICE DAILY; 12/3/2012: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Section, Topical Analgesic Section, Topical Capsaicin Section, Medrox online.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... 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: 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. 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." There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The duration of use could not be established through the supplied documentation. There was lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the strength for the requested medication. Given the above, the request for retro Medrox patches twice daily; 12/03/2012 is not medically necessary.