

Case Number:	CM13-0068947		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2006
Decision Date:	03/31/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 52-year-old female who sustained an unspecified injury on 04/17/2006. The patient was evaluated on 01/08/2014 for continued neck pain with noted left arm pain and numbness. It is noted the evaluation done on 01/08/2014 was in large part illegible. The pain was noted to be 8- 6/10 on the visual analog scale. The treatment plan was noted to refill Zantac 150 mg, discontinue Vicodin and start Norco 5/325. It was additionally noted the patient was pending authorization for a spinal surgery consult to remove a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox cream 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Medrox cream 120 ml is non-certified. California MTUS Guidelines state any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. Medrox is a topical analgesic that contains 20% methyl salicylate, 5% menthol, and 0.0375% capsaicin. The guidelines recommend the use of capsaicin

only as an option in patients who have not responded or intolerant to other treatments. The documentation submitted for review indicated the patient was being recommended for a spinal cord stimulator removal and suffered from significant pain. However, there have been no studies of a 0.0375 formulation of capsaicin and there is no current indication that the increase over a 0.025% formulation would provide any further efficacy. Therefore, since the capsaicin is not approved, the continued use of the topical analgesic is not approved. It is additionally noted, the documentation submitted for review did not indicate Medrox cream as part of the treatment plan. Given the information submitted for review, the request for Medrox cream 120 ml is non-certified.