

Case Number:	CM14-0001958		
Date Assigned:	01/24/2014	Date of Injury:	08/25/2007
Decision Date:	06/16/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal Medicine 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 injured worker is a 42-year-old female who reported injury on 08/25/2007. The mechanism of injury was a slip and fall and a hit of the left knee and low back where weight was put more on the left knee. Diagnosis was noted to be a bucket handle tear of medial meniscus, internal derangement. The documentation of 11/19/2013 revealed constant low back pain as it went down from the lumbar spine to the legs. On the left, it started from the knee and went down to the foot. There was noted to be weakness in the left lower extremity, especially in the quads, hamstrings, flexor and extensor of the hips as well as flexor and extension of the knees. The treatment plan included a refill of medications, Hydrocodone 7.5/500, Motrin 600 mg 1 by mouth twice a day #60, Prilosec 20 mg 1 by mouth twice a day, dispense 60 and Medrox ointment. Additionally, the request was made for a right L5-S1 selective nerve root block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDROX OINTMENT 120GM WITH ONE (1) REFILL FOR DOS 11/19/2013: Upheld

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

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

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 MTUS Guidelines 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." The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was lack of documentation indicating if the patient had not responded or was intolerant to other treatments. The duration of use could not be established through the submitted documentation although it was indicated the medication was for refill. There was lack of documentation of the efficacy for the requested medication. The request, as submitted, failed to indicate the frequency for the requested medication. Furthermore, there was a lack of documentation indicating a necessity for a refill. Given the above, the request for retrospective Medrox 120 grams with 1 refill for date of service 11/19/2013 is not medically necessary and appropriate.