

Case Number:	CM14-0002322		
Date Assigned:	01/24/2014	Date of Injury:	06/20/2011
Decision Date:	06/27/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and 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 injured worker is a 47-year-old male who reported an injury on 06/20/2011. The mechanism of injury was cumulative trauma. The documentation of 11/07/2012 revealed the injured worker had complaints of right greater than left knee pain on the medial side. The injured worker had low back pain and leg pain. The injured worker had objective findings of effusion on the right knee and crepitus. The diagnoses included MRI of the lumbar spine DJD with 6 mm HNP at L5-S1 with LS EMG, right greater than left S1 radiculopathy, right medial meniscus tear, and impingement syndrome. The treatment plan included Ultram, Prilosec, Anaprox, Medi-Derm, and Medrox patches for day time pain use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDI-DERM (DOS 11/07/2012): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 28, 111, 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=fd7e50c9-5ed4-45d3-bc8d-c5583ca436be>

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled 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....Topical salicylates are 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. 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 the injured worker had neuropathic pain. There was lack of documentation indicating the injured worker was unresponsive or was intolerant to other treatments. There was lack of documentation indicating necessity for 2 topicals including the ingredient of capsaicin. The request as submitted failed to indicate the frequency and quantity for the request. The duration of use could not be established. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the retrospective request for Medi-Derm date of service, 11/07/2012, is not medically necessary.

RETROSPECTIVE REQUEST FOR MEDROX PATCH WITH DATE DISPENSED ON 11/07/2012 (DURATION AND FREQUENCY UNKNOWN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Online Package Insert

Decision rationale: 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." 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 the injured worker had neuropathic pain. There was lack of documentation indicating the injured worker was unresponsive or was intolerant to other treatments. There was lack of documentation indicating necessity for 2 topicals including the ingredient of capsaicin. The request as submitted failed to indicate the frequency and quantity for the request. The duration of use could not be established. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the retrospective request for Medrox patch dispensed on 11/07/2012, (duration and frequency unknown), is not medically necessary.