

Case Number:	CM14-0006004		
Date Assigned:	03/03/2014	Date of Injury:	04/25/2012
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 patient is a 46-year-old female who has submitted a claim for lumbago, lumbar spinal stenosis, sciatica, and lumbosacral disc degeneration associated with an industrial injury date of April 25, 2012. Medical records from 2012-2014 were reviewed. The patient has persistent low back pain grade 5-7/10. The pain radiates to the lower extremities with numbness and tingling. This is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Physical examination of the lumbar spine showed tenderness from the mid to distal lumbar segments and pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. MRI of the lumbar spine, dated May 16, 2012, showed disc degeneration and spondylosis with mild bi-foraminal narrowing at L5-S1. There is mild right foraminal narrowing at L3-L4. Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS, and acupuncture. Utilization review, dated December 18, 2013, denied the retrospective request for 120 Medrox 120gm between 6/5/2013 and 6/19/2012 because the compounded product contains multiple drugs that are not recommended. The retrospective request for 30 Medrox patches between 8/5/2012 and 9/5/2012 was also denied for the same reason that it contains multiple drugs that are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 120 MEDROX 120GM BETWEEN 6/5/2012 AND 6/19/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the clinical records submitted show that Medrox was being prescribed since October 2012. There was no documentation of medication use on the date of service of the present request. In addition, the requested compounded medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the retrospective request for 120 MEDROX 120GM BETWEEN 6/5/2012 AND 6/19/2012 is not medically necessary.

RETROSPECTIVE 30 MEDROX PATCHES BETWEEN 8/5/2012 AND 9/5/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox contains 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the patient has been using Medrox patches since September 2013. However, there was no documentation regarding its use on the date of service of the present request. In addition, the

requested compounded medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the retrospective request for 30 MEDROX PATCHES BETWEEN 8/5/2012 AND 9/5/2012 is not medically necessary.