

Case Number:	CM14-0008258		
Date Assigned:	01/29/2014	Date of Injury:	04/06/2011
Decision Date:	09/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury 04/06/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 12/03/2013 indicated diagnoses of status post anterior cervical decompression and fusion C6-7; L4-5 herniated nucleus pulposus rule out L5 pars fracture with bilateral lower extremity radiculopathy. The injured worker reported intermittent neck pain rated 3/10 and intermittent bilateral shoulder pain rated 3/10 and occasional bilateral wrist and hand pain. The injured worker also reported frequent low back pain rated 8/10 with numbness in all of her right fingers and left leg. The injured worker reported medications including Norco, Soma and naproxen. The injured worker reported she was status post anterior cervical decompression and fusion at C6-7 dated 08/01/2013. On physical examination of the cervical spine the injured worker had mild paraspinal spasms and tenderness and a healed incision with a scar. The examination of the lumbar spine revealed paraspinal spasms and a positive straight leg raise test bilaterally. The injured worker's treatment plan included continue her postoperative physical therapy for the cervical spine. A urine drug test was performed and the results will be sent out for final confirmation. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Norco, Soma, and naproxen. The provider submitted a request for Medrox lotion. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox lotion 12gm: Upheld

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

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

Decision rationale: The request for Medrox lotion 120gm is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox contains methyl salicylate, menthol and capsaicin. The guidelines state that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. It was not indicated the injured worker was intolerant to other treatments. In addition, it was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. Moreover, capsaicin is generally available as a 0.025% formulation. The capsaicin in the Medrol formulation is 0.0375%. This exceeds the guidelines recommendation. Additionally, the request did not provide a frequency or quantity. Moreover, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.