

Case Number:	CM14-0009434		
Date Assigned:	02/14/2014	Date of Injury:	12/07/2005
Decision Date:	06/24/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in 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 63 year old male who reported an injury on 12/07/2005, due to an unknown mechanism. The clinical note dated 11/13/2013 presented the injured worker with intermittent bilateral neck pain, mid back pain, low back pain radiated to the right lower extremity, and intermittent left knee pain. The injured workers physical exam revealed a positive medial and lateral stress test and McMurrays on the left. The injured worker was diagnosed with disc protrusion at C4-T1 with mild stenosis, upper extremity radiculitis, status post right knee total knee replacement with residuals, bilateral shoulder impingement, status post left knee arthroscopy, facet atrophy at L3-S1, disc protrusion at L3-S1, transitional over the vertebrae L5, severe facet syndrome L3 to the sacrum, left shoulder impingement, and status post right shoulder arthroscopy. The provider recommended Medrox patches #30. The request for authorization form is dated 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES #30: 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, ,

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

Decision rationale: The request for Medrox patches #30 is non-certified. Medrox patches contain menthol, capsaicin, and methyl salicylate. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Capsaicin is recommended as an option for injured worker's who have not responded or are intolerant to other treatments. It did not appear the injured worker was intolerant of or had not responded to her medications. It did not appear the injured worker had a diagnosis which would be consistent with the guideline recommendations. Therefore, the request is non-certified.