

Case Number:	CM14-0101451		
Date Assigned:	07/30/2014	Date of Injury:	03/25/2014
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 03/25/2014. The injury occurred when the injured worker stepped out of a truck onto rocky ground and injured his foot. Diagnoses included left foot strain at arch. The previous treatments included medication. Within the Clinical Note dated 06/12/2014 it was reported the injured worker complained of pain at the plantar aspect of his left arch. He described the pain as intermittent aching. He rated his pain 1/10 to 2/10 in severity. Physical examination the provider noted tenderness to palpation of the medial slit of the left plantar fascia. The provider request Medrox patches. However, the rationale is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches unit #30: 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 NSAIDs Page(s): 111-112..

Decision rationale: The request for Medrox patches unit #30 is not medically necessary. The injured worker complained of pain on the plantar aspect of his left arch. He described the pain as

intermittent aching. He rated his pain 1/10 to 2/10 in severity. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular that of the knee and elbow into the joints that are amenable. Topical NSAIDs are recommended for short term treatment of 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Medrox patch contains Capsaicin 0.0375%, Methyl Salicylate, Menthol.. The guidelines note capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines note there is no current indication of an increase of capsaicin over 0.025% formulation that would provide any further efficacy. The documentation indicating the medication had been providing objective functional improvement and benefit. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.