

Case Number:	CM14-0104405		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2011
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 26 year old male was reportedly injured on May 3, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated July 8, 2014, indicated that there were ongoing complaints of thoracic spine pain. Current medications include Soma, Norco, Dilaudid, Terocin lotion, Dexilant, and Coumadin. The physical examination demonstrated tenderness along the thoracic spine from C4 through T7 and along the periscapular and intrascapular borders. Diagnostic imaging of the thoracic spine was normal. Previous treatment included oral medications, home exercise, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request was made for Medrox patches and was not certified in the preauthorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medrox Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: Medrox patches are a compound consisting of Methyl Salicylate, Menthol, and Capsaicin. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including antiinflammatories, Lidocaine, or Capsaicin. There is no peer reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Medrox patches is not medically necessary.