

Case Number:	CM14-0012128		
Date Assigned:	03/07/2014	Date of Injury:	10/13/2007
Decision Date:	07/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine, 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:

Patient is a 47-year-old male who has submitted a claim for spondylosis-lumbosacral region, spinal enthesopathy and myalgia and myositis associated with an industrial injury date of 10/13/2007. Medical records from 2013 were reviewed which revealed persistent low back stiffness with a grade of 3/10. Aggravating factors include bending and prolonged sitting of 30 minutes. Flexibility slowly improving with home exercises. Physical examination showed multiple subluxations with spasm, hypomobility and end point tenderness found at C6, C7, T4, T5, T6, L4, L5, right pelvis and left pelvis. Lumbodorsal flexion, extension and left lateral lumbar flexion were decreased. Bragard, Ely's heel to buttock, Kemp, Patrick FABERE, SLR and Yeoman tests were all negative. Treatment to date has included 3-4 region manipulation, interferential current, cryotherapy, flexion/distraction, wobble core, strengthening exercises, myofascial release and right knee surgery. Medication taken was Ibuprofen. Utilization review from 11/25/13 denied the request for Medrox ointment because guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX OINTMENT, 2 MONTH SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 28, 105,111-113. 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, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox Ointment contains 3 active ingredients: Capsaicin, Menthol and Methyl Salicylate. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. 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 Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for MEDROX Ointment, 2 month supply is not medically necessary.