

Case Number:	CM14-0013860		
Date Assigned:	02/26/2014	Date of Injury:	03/16/2012
Decision Date:	07/14/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

The patient is a 47-year-old female who has submitted a claim for Left Knee Strain, Left Foot Contusion, and Bilateral Calf Contusion/Strain, associated with an industrial injury date of March 16, 2012. Medical records from 2012 were reviewed, which showed that the patient complained of soreness on both legs. On physical examination, there was decreased range of motion of the knee due to pain. Examination of the left foot revealed good range of motion with intact Achilles tendon. Excellent plantar flexion was noted against resistance. The rest of the subjective and objective findings were unreadable due to illegible handwriting. Treatment to date has included medications including analgesic creams since March 2012. Utilization review from January 2, 2014 denied the request for Retrospective Request For Compound Medication (Date of Service 03/16/2012): Medrox, for the Left Foot, Left Knee, Left Hip, Left Elbow, and Right Calf because there was no clear detail provided in the available documentation as to why this prescription topical compound medication was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR COMPOUND MEDICATION (DATE OF SERVICE 03/16/2012): MEDROX, FOR THE LEFT FOOT, LEFT KNEE, LEFT HIP, LEFT ELBOW, AND RIGHT CALF: 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, 113, 127.

Decision rationale: Medrox ointment is a compounded medication that includes, 20% menthol, 5% methyl salicylate, 0.0375% capsaicin. According to page 111 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control but there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is also not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS does not specifically address menthol. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that in a new alert from the FDA, topical pain relievers that contain menthol may in rare instances cause serious burns. According to page 127 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical salicylate is recommended. However, according to page 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase would provide any further efficacy. Since capsaicin in a 0.0375% formulation is not recommended, then the compounded medication Medrox is also not recommended. Furthermore, the latest medical report provided for review was dated 2012. Thus, the current functional status of the patient is unknown. There is no clear indication for the use of Medrox. Therefore, the request for Retrospective Request for Compound Medication (Date of Service 03/16/2012): Medrox, for the Left Foot, Left Knee, Left Hip, Left Elbow, and Right Calf is not medically necessary.