

Case Number:	CM14-0016221		
Date Assigned:	04/14/2014	Date of Injury:	04/21/2010
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 52 year old male, delivery driver working for [REDACTED] who tripped and fell due to an elevated pipe last April 21, 2010. He submitted a request for Medrox Final Determination Letter for IMR Case Number [REDACTED] patches, apply one patch to affected area one to two times a day (4H on 2H off) #30 to use for his chronic neck and back pain. Treatment to date includes: home exercises; physical therapy; aquatic therapy; NSAIDs; opioids; muscle relaxants; analgesic gels and creams; lumbar and cervical epidural steroid injections; and anterior and posterior fusion. Utilization review from January 24, 2014 revealed non-certification of Medrox patches, apply one patch to affected area one to two times a day (4H on 2H off) #30. Reasons for non-certification are as follows: Medrox is a compounded medication that contains ingredients that are not recommended for topical use; these ingredients are largely experimental in use with few randomized control trials; and their efficacy and safety profile is lacking. Progress notes from 2013 revealed that the patient has been complaining of intermittent neck pain, rated 7/10, with occasional radiation to the bilateral upper extremities with associated numbness and tingling. Moreover, he complained of constant right wrist pain and hand pain, rated 4/10, with radiation down the fingers. He also complained of constant low back pain, rated 5/10, with radiation to the bilateral lower extremities with occasional numbness and tingling as well as spasms. He also noted occasional sharp, stabbing pain, and burning sensation in the lower back. All of which were noted to interfere with daily activities. The patient was reported to have been using Medrox as early as July 22, 2013. However, there is no proper documentation regarding the patient's response to Medrox. Various treatments given to the patient provided slight to moderate improvement of symptoms. Progress notes reviewed from March 31, 2014 revealed that symptoms persisted. Neck pain became constant with occasional episodes of locking up and persistence of tingling sensation in the legs and feet. Physical

examination revealed: a well healed incision; grossly intact motor examination in the lower extremities; and a negative straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES, APPLY ONE PATCH TO AFFECTED AREA ONCE TO TWICE A DAY (4H ON 2 H OFF)# 30: 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 Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375%. The Official Disability Guidelines (ODG) Pain Chapter also states that topical pain relievers that contain: Menthol, Methylsalicylate, and Capsaicin, may in rare instances cause serious burns. The California MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient has been using Medrox patches since July 2013 to help alleviate the chronic neck and back pain. However, there is no evidence regarding Medrox's efficacy, functional Final Determination Letter for IMR Case Number CM14-0016221 4 benefits gained, continued analgesia, or a lack of adverse effects. Lastly, California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox' active ingredients mentioned above are not recommended. Therefore, the request for Medrox patches is not medically necessary and appropriate.