

Case Number:	CM14-0017362		
Date Assigned:	04/14/2014	Date of Injury:	10/14/2005
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 injured worker is a 47-year-old who reported injury on October 14, 2005. The mechanism of injury was the injured worker was asleep in the rear sleeper compartment of an 18-wheeler when a student driver was involved in a motor vehicle accident. The most recent documentation submitted for review was dated October 4, 2013. The injured worker's diagnosis included thoracic or lumbosacral neuritis or radiculitis unspecified. The injured worker had generalized tenderness to palpation and decreased sensation in the digits 4 through 5. The injured worker had a positive Tinel's in the ulnar tunnel. The injured worker had spasms in the bilateral paraspinals. The treatment plan included postoperative rehabilitation, a urology consult, and a request for elbow supports, medications, and a follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDROX LOTION 120 GRAMS (METHYL SALICYLATE, MENTHOL, CAPSAICIN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, and the Topical Capsaicin Page(s): 105, 111, 28.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, there was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and the strength of the medication. The request for compound medrox lotion 120 grams (methyl salicylate, menthol, capsaicin) is not medically necessary or appropriate.