

Case Number:	CM14-0019005		
Date Assigned:	04/23/2014	Date of Injury:	10/16/2001
Decision Date:	08/20/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family 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:

This injured worker's date of injury is 10/16/2011. The patient states that he had to carry multiple heavy travel bags on numerous flights in his job as a trainer. This patient receives treatment for chronic right shoulder, neck, and low back pain from an injury on 10/16/2011. The patient received an epidural injection in the neck in May 2012. MRI imaging of the lumbar spine in 2012 showed lumbar disc bulging and facet hypertrophy. The patient receives an NSAID, Anaprox, and Norco, an opioid with acetaminophen, for pain. An orthopedic consult on 07/24/2013 diagnosed the patient with cervical spondylosis, with marked narrowing of the right neural foramen at C2-3, C4-5, and C5-6. On September 23, 2013, the patient underwent arthroscopic right shoulder surgery to repair a right rotator cuff impingement. This review is for the Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDROX PATCH (DURATION AND FREQUENCY UNKNOWN), DISPENSED: 11/26/12-2/6/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Medrox patch is a compounded medicinal patch marketed for the temporary relief of musculoskeletal soreness. This patch contains menthol, capsaicin, and methyl salicylate. Topical analgesics are considered experimental and are not medically indicated for the treatment of chronic pain, because there are no clinical trials published in peer-reviewed journal that show a significant benefit. In addition if a compounded product contains any drug or drug class which is not recommended, then the product itself is not recommended. Topical menthol is not medically indicated to treat chronic pain. Capsaicin may be medically indicated to treat post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. Methyl salicylate is an NSAID. Topical NSAIDs are not medically indicated, because available studies show inconsistent benefits and if present, only for very short durations. Medrox patch is not medically indicated for this patient.