MAXIMUS Federal Services

Case Number:	CM14-0124705		
Date Assigned:	08/08/2014	Date of Injury:	03/11/2012
Decision Date:	09/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 03/11/2012, reportedly sustained injuries to his lower back. The injured worker was a fire captain machinery operator and his duties included carrying, lifting, pulling, pushing, bending and frequent sitting. The heaviest weight he regularly had to lift and carry alone was 30 pounds for a distance of 1 block, which compromised his fire protection uniform, helmet and belt, which he did on a daily basis when on duty. The injured worker's treatment history included medications, ice packs, heat, x-rays, MRI and injections. The injured worker was evaluated on 06/18/2014 and it was documented that the injured worker had scaly lesions and new lesions. The diagnoses include actinic keratosis. Medications included Naprosyn, cyclobenzaprine hydrochloride, sumatriptan succinate, Prilosec and Medrox ointment. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment 120gm x 2 date of service 4/23/13: 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 California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. Given the above, the request for retro 04/23/2013 Medrox pain relief ointment 120gm X2 is not medically necessary.