

Case Number:	CM14-0139271		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2012
Decision Date:	12/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Medicine and is licensed to practice in Florida and Texas. 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 36 year old female who was injured on 5/11/2012. The diagnoses are thoracic and lumbar strain. The patient completed Physical Therapy (PT), chiropractic treatment, trigger point injections and medication treatments. The MRI of the lumbar spine showed mild disc bulges. The MRI of the cervical and thoracic spine showed normal to only one level mild disc bulge. On 8/6/2014, [REDACTED] noted subjective complaint of low back pain radiating down the left leg associated with numbness and tingling sensation. There were objective findings of lumbar paraspinal muscle spasm, tenderness to palpation and positive straight leg raising test. The current medications are omeprazole for Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s associated gastritis and orphenadrine for muscle spasm. The use of NSAIDs was discontinued due to gastrointestinal side effects. The patient is also being treated by behavioral health services for stress related symptoms. A Utilization Review determination was rendered on 8/20/2014 recommending denial for Medrox ointment 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment, apply to affected areas twice a day with 2 refills: 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 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic or local joint arthritis when oral NSAIDs or neuropathic medications cannot be tolerated or are ineffective. The records indicate that the patient have subjective complaint of pain localized in the cervical, thoracic and lumbar spine not localized neuropathic pain. There is no documentation of failure of orally administered medications such as anticonvulsants and antidepressants that are effective for radiculopathy and chronic pain associated with psychosomatic symptoms. The guidelines recommend that topical preparation be tried and evaluated individually for efficacy. The Medrox ointment contains 20% methyl Salicylate, 5% Menthol and 0.0375% Capsaicin. There is lack of guideline or FDA support for the chronic use of methyl Salicylate or menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of Medrox ointment with 2 refills were not met.