

Case Number:	CM14-0167360		
Date Assigned:	10/14/2014	Date of Injury:	09/29/2001
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with an injury date of 9/29/01. Work status of 8/29/14: "Working full duty with use of his medications." No PR2 was submitted with the treatment request. Based on the 8/29/14 progress report by [REDACTED] this patient is being treated for low back pain. He has "right leg pain in the S1 distribution rated as 3-4/10." Medications "continue to reduce his pain by more than 50%" and he is able to "perform his ADLs and is working full duty as previously stated." Current meds: Opana ER, Percocet, Amitiza, Ambien, Trazadone, Wellbutrin, and Flexeril. Patient was dispensed Pantoprazole, cyclobenzaprine, and fenoprofen. Exam of this patient shows "normal gait," with "5/5 strength bilaterally in iliopsoas, quadriceps, tibialis anterior, and toe flexors with normal sensation in bilateral lower extremities." Diagnoses for this patient are: 1. Lumbar facet syndrome. 2. L4-L5 moderate central narrowing with moderate facet changes and moderate bilateral foraminal narrowing with L2-L3, L3-L4 and L5-S1 disc disease and a spinal cord stimulator implant. 3. Lumbar levoscoliosis. 4. Depression, chronic pain, sleep dysfunction, GERD, gastritis. 5. Low testosterone. The utilization review being challenged is dated 10/02/14. The request is for Medrox Patch 1-2 times daily, which was not certified because of the Capsaicin content, at 0.0375%. The requesting provider is [REDACTED] and he has provided various reports from 1/17/14 to 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch 1-2 x daily: 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 topical creams, Topical Analgesics Page(s): 111, 112.

Decision rationale: This patient presents with low back pain and right leg pain in the S1 distribution. The treater requests Medrox Patch 1-2 times daily. California Medical Treatment Utilization Schedule (MTUS) states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox contains capsaicin 0.0375%, menthol 5%, and methyl salicylate 20%. MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, capsaicin is indicated for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. Topical nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for peripheral joint arthritis/tendinitis. Given there is a lack of discussion about the patient's intolerance or failure to respond to other therapies with guidelines that do not support a 0.0375% capsaicin formulation, the entire compounded product, Medrox, is not recommended. Furthermore, this patient "is doing well and working full duty with use of his medications," confirmed by the 7/28/14 urine toxicology that reflects compliance with current medications. Salicylate topical, an NSAID, is also only recommended for peripheral joint arthritis/tendinitis which this patient does not present with. Treatment is not medically necessary and appropriate.