

Case Number:	CM14-0171932		
Date Assigned:	10/23/2014	Date of Injury:	12/06/2011
Decision Date:	11/21/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency 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:

The injured worker is a 61-year-old male who reported an injury on 12/06/2011. The injury reportedly occurred while he was working out on a treadmill. On 06/06/2012, his diagnoses included cervical discopathy with radiculitis, lumbar discopathy with radiculitis, carpal tunnel/double crush syndrome, right hip greater trochanteric bursitis, internal derangement bilateral knees, left greater than right, right knee medial meniscus tear with chondromalacia patella, left knee medial meniscus tear with chondromalacia patella, and electrodiagnostic evidence of bilateral ulnar neuropathy at the elbows. His complaints included continued residual symptomatology in the cervical and lumbar spine with chronic headaches, tension between the shoulder blades, and pain in his right knee. His medications included naproxen 550 mg for inflammation, cyclobenzaprine 7.5 mg for pain and muscle spasms, Sumatriptan 25 mg for headaches, Ondansetron ODT 8 mg for nausea, and omeprazole 20 mg for upset stomach. He was provided with Medrox pain relief ointment 120 gm to be used topically for temporary relief of minor aches and muscle pain. A Request for Authorization dated 09/11/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox ointment 120gm x 2 refills (DOS: 6/6/12): 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 request for retrospective Medrox ointment 120 gm x 2 refills (DOS 06/06/12) is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox ointment contains methyl salicylate 20%, menthol 7%, and capsaicin 0.50%. Methyl salicylate has not been evaluated by the FDA for topical application in humans. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.50% formulation of capsaicin, and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. The guidelines do not support the use of this compounded product. Therefore, this request for retrospective Medrox ointment 120 gm x 2 refills (DOS 06/06/12) is not medically necessary.