

Case Number:	CM14-0020754		
Date Assigned:	05/02/2014	Date of Injury:	05/26/2004
Decision Date:	09/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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 Connecticut. 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:

Patient is a 52 year old female with ongoing neck pain as well as right greater than left upper extremity pain. Date of injury is given as 5/26/04 and no mechanism of injury is elicited after careful review of the medical records supplied. At the time of request for RETRO MEDROX PATCHES X 5 BOXES, the patient has subjective (neck pain > 6 years, right greater than left upper extremity pain, numbness, tingling, weakness) and objective (decreased range of motion of the cervical spine to the left as well as extension, positive tinel's sign right greater than left at the wrists, decreased sensation with pain right greater than left upper extremity) findings, no imaging findings were included in the medical records sent and reviewed, diagnoses (Post thoracic Outlet syndrome, sacroiliitis/pelvic dysfunction, multiple thoracic and costal dysfunction, SLAP tear right shoulder, and cervical facet syndrome) and treatment to date (Left rib resection/scalenectomy, medial branch blocks, Bilateral radiofrequency facet neurotomy cervical spine, medications, physical therapy). Medrox patch is a compounded topical analgesic that is a combination of methyl salicylate 5%, menthol 5%, and capsaicin 0.0375% which is indicated for minor aches and pain related to muscle strain/spasm. Current guidelines for topical analgesics do not support the use of most compounded topical drugs. The only drug of that combination that is supported are topical salicylates. Capsaicin is acceptable but the current recommended doses are a maximum concentration of .025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO MEDROX PATCHES X 5 BOXES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <P.122 of 127> Page(s): 122 of 127.

Decision rationale: Medrox patch is a compounded topical analgesic that is a combination of methyl salicylate 5%, menthol 5%, and capsaicin 0.0375% which is indicated for minor aches and pain related to muscle strain/spasm. Per MTUS-Chronic Pain Medical Treatment Guidelines, there is no evidence for the use of most compounded topical drugs. The only drug of that combination that has evidence based medical benefit are topical salicylates. Capsaicin is also acceptable but the current recommended doses are a maximum concentration of .025%. Menthol is not a drug that is supported by the current medical guidelines.