

Case Number:	CM14-0024621		
Date Assigned:	06/11/2014	Date of Injury:	06/15/2010
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 57-year-old male who reported an injury on 06/15/2010. The injury reportedly occurred when the injured worker tripped, twisting his ankle, foot, knee, and back. The diagnoses included migraine headache, insomnia, musculoligamentous sprain/strain of the lumbar spine with radiculopathy, and severe sprain/strain of the right ankle with soft tissue edema of the medial and lateral malleoli. The previous treatments include an MRI, EMG/NCV, and medication. Within the clinical note dated 01/15/2014, it reported the injured worker complained of a constant, stabbing pain on the top of the right foot between the first toe and ankle occurring throughout the day. He complained of numbness at the right lateral foot and pain in ankle. It noted he had constant throbbing and tingling of the right calf. The injured worker reported lower back pain radiating up to the mid back and down the buttocks and to the bilateral left greater than right knees. He indicated the pain was shooting down to the back of the legs. He described the pain as burning when he is standing. The injured worker complained of 2 to 3 weeks of migraine headaches described as severe throbbing headaches that started in the morning upon awakening, with ringing in the ears and blurry vision. Upon examination of the lumbar spine, the provider noted psychologic lordosis at the lumbar spine and severe paravertebral muscle tenderness. The provider indicated the injured worker had a negative straight leg raise, extension at 7 degrees, and flexion at 32 degrees. The provider indicated the injured worker had decreased light touch to pinprick in the distribution of the left lateral plantar sensory nerve. Deep tendon reflexes were 1+, except absent right ankle jerk, and a negative Babinski's. The provider requested Cidaflex and Medrox ointment for pain and improved function. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIDAFLEX #90 WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GLUCOSAMINE (AND CHONDROITIN SULFATE),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), page(s) 50 Page(s): 50.

Decision rationale: The request for Cidaflex #90 with 3 refills is not medically necessary. The injured worker complained of a constant, stabbing pain on the top of the right foot between the first toe and ankle occurring throughout the day. He complained of numbness at the right lateral foot and pain in ankle. It noted he had constant throbbing and tingling of the right calf. The injured worker reported lower back pain radiating up to the mid back and down the buttocks and to the bilateral left greater than right knees. He indicated the pain was shooting down to the back of the legs. He described the pain as burning when he is standing. The injured worker complained of 2 to 3 weeks of migraine headaches described as severe throbbing headaches that started in the morning upon awakening, with ringing in the ears and blurry vision. The California MTUS Guidelines recommend glucosamine and chondroitin sulfate as an option given its low risk, in patients with moderate arthritis pain, especially for knee arthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on the outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. While not particularly effective, chondroitin use did not appear to be harmful either according to META analysis of 12 of the studies. Despite multiple controlled clinical trails of glucosamine in osteoarthritis, mainly of the knee, controversy on efficacy related to symptomatic involvement continues. There was a lack of documentation indicating the injured worker was diagnosed with or treated for osteoarthritis. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 10/2013. There is a lack of documentation indicating the injured worker was treated for moderate arthritis pain. Therefore, the request for Cidaflex #90 with 3 refills is not medically necessary.

MEDROX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for Medrox ointment is not medically necessary. The injured worker complained of a constant, stabbing pain on the top of the right foot between the first toe and ankle occurring throughout the day. He complained of numbness at the right lateral foot and pain in ankle. It noted he had constant throbbing and tingling of the right calf. The injured

worker reported lower back pain radiating up to the mid back and down the buttocks and to the bilateral left greater than right knees. He indicated the pain was shooting down to the back of the legs. He described the pain as burning when he is standing. The injured worker complained of 2 to 3 weeks of migraine headaches described as severe throbbing headaches that started in the morning upon awakening, with ringing in the ears and blurry vision. Medrox ointment contains Methyl Salicylate, capsaicin 0.0375 %, and menthol. The California MTUS Guidelines note topical analgesics are largely experimental in the use with few randomized control trials to determine efficacy or safety. The guidelines note any compounded product that contains that 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is only recommended as an option in patients who have responded or are intolerant to other treatments. Capsaicin is generally available in a 0.025% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that an increase over a 0.025 % formulation would provide any further efficacy. There was a lack of documentation indicating the injured worker has not responded or is intolerant to other treatments. The injured worker has been utilizing the medication since at least 10/2013. The request submitted does not provide a treatment site. The request submitted contains capsaicin 0.0375% which exceeds the guidelines' recommendation of 0.025%. The request submitted failed to provide the frequency and quantity of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Medrox ointment is not medically necessary.