

Case Number:	CM14-0024631		
Date Assigned:	06/11/2014	Date of Injury:	08/22/2010
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
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 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 injured worker is a 56 year old female reporting an injury on 08/22/2010 by slipping on the bathroom floor injuring her neck. The injured worker has history of bilateral discectomy of C5-C6 and C6-C7 plus fusion in 2002. She had an electromyogram and nerve conduct study on 11/05/2013. She had a negative tinels test at the wrist and elbows and negative phalen sign. Her motor exam and reflexes were normal. On 04/03/2014 she was released from the chiropractor due to noted progress by increased range of motion and improved function. She did complain of pain in occipital region, nerve pain at base of head, pain and numbness to left arm, mid-back weakness and difficulty swallowing. Upon her exam on 05/14/2014, she complained of significantly worse pain in lower back. She stated that she sneezed three or four days ago and "threw out her back". She also reported pain to inner left thigh and neck pain on scale of 9/10. Her medication list included Ibuprofen, Frova, Imitrex, Soma, Cymbalta, Zantac, and Thermo-care unit. She is currently receiving physical therapy, although there were no documentations provided. The request for authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES, APPLY DAILY TO AFFECTED AREA PM, 5 BOXES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Medrox patches to affected area PM X 5 boxes is not medically necessary. Medrox patches include methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The injured worker complains of significantly worse lower back pain and pain to inner thigh and neck pain. There was not a pain assessment provided. The injured worker is on a physical therapy program but there was a lack in documentation on progress and functional deficits. The California MTUS guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Capsaicin is only recommended for those who have not responded or are intolerant to other treatments. There was no evidence of other treatments provided. The guidelines also state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The dosage of the medication was not specified on the request. Therefore the request for Medrox patches is not medically necessary.