

Case Number:	CM14-0031222		
Date Assigned:	04/09/2014	Date of Injury:	09/23/2011
Decision Date:	05/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 & 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 reported a date of injury of 09/23/2011. According to report dated 12/03/2013 by [REDACTED], the patient complains of intermittent neck pain rated at 2/10 with radiation to the right upper extremity. He also complains of intermittent midback pain rated at 3/10 and low back pain rated 3/10 with radiation to the right lower extremity. There is also right shoulder pain with overhead activities which was rated at 8/10. Patient has difficulty sleeping and awakens with pain at night. Right knee pain was rated at 4/10 and the left knee pain rated at 6/10 with associated swelling. He is currently doing his home exercise program. The patient has been scheduled for right shoulder surgery which is scheduled for 12/11/2013. Recommendation is for the following medication: Naproxen, Norco, Medrox patches, and Medrox lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) MEDROX PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with complaints of lumbar, cervical, bilateral knee, and shoulder pain. The physician is recommending Medrox patches #30. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox patches specifically. The MTUS Guidelines does discuss topical agents on page 111 which states "it is largely experimental in which few randomized control trials to determine efficacy or safety, any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In addition, Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Furthermore, salicylate, or NSAID topical is only indicated for peripheral joint arthritis/tendinitis, which this patient does not have. Therefore, the request for 30 Medrox Patches is not medically necessary and appropriate.

MEDROX LOTION 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL CREAMS, pg. 111.

Decision rationale: This patient presents with cervical and lumbar spine pain and bilateral shoulder and knee complaints. The physician is requesting Medrox lotion 120 g. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The MTUS Guidelines on page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%. The MTUS Guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox ointment contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Therefore, the request for Medrox Lotion is not medically necessary and appropriate.