

Case Number:	CM14-0033191		
Date Assigned:	06/20/2014	Date of Injury:	12/23/2009
Decision Date:	08/19/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine & 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 62-year-old male who reported an injury on 12/23/2009 due to an unknown mechanism of injury. The clinical note dated 01/16/2014 noted the injured worker received a Kenalog injection to the right shoulder on 12/05/2013 which was beneficial. The injured worker previously received Synvisc One injections to the bilateral knees in 10/2013 with good relief of symptoms. The injured worker continued to have stiffness, achiness, and pain and was status post ACL repair to the left knee with some instability symptoms. The injured worker had a decreased level of activity due to instability to the left knee and increasing pain to the right knee. On 03/04/2014 the provider noted the injured worker reported recently having flu symptoms for which he took over the counter medications. On physical examination the injured worker was experiencing bradycardia. Diagnostic studies included an audiogram, typanogram, video electronystagmogram, and an MRI of the right shoulder. Prior therapies included corticosteroid injections to the bilateral knees and right shoulder and Synvisc One injections. The injured worker had diagnoses of hypertension and sinus tachycardia, resolved. A list of the current medications for the injured worker was not submitted for review. The current treatment plan, rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment 120 gm times 2: 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): 111-112.

Decision rationale: The request for Medrox pain relief ointment 120 g times 2 is not medically necessary. The injured worker has a history of hearing loss. Medrox consists of methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker. There is no clear clinical rationale provided for the request. There is a lack of documentation indicating the injured worker has not responded to or is intolerant to other treatments. The request does not specify the location for the application of the proposed cream. In addition, the request does not include the frequency for the proposed medication. Given the above, the request for Medrox pain relief ointment 120 g times 2 is not medically necessary.