

Case Number:	CM14-0033309		
Date Assigned:	06/20/2014	Date of Injury:	01/06/2011
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
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 and Rehabilitation and is licensed to practice in Texas and New York. 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 37-year-old male with a reported date of injury on 01/06/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left shoulder pain rated at 3-7/10 and low back pain rated at 7/10. Upon physical examination the injured worker's left shoulder range of motion revealed flexion to 98 degrees, extension to 20 degrees, abduction to 90 degrees, adduction to 20 degrees, internal rotation to 85 degrees and external rotation to 7 degrees. The lumbar spine range of motion revealed flexion to 45 degrees, extension to 10 degrees, right lateral flexion to 18 degrees and left lateral flexion to 19 degrees. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included left shoulder sprain/strain, left shoulder impingement syndrome, lumbar disc disease, left S1 radiculopathy, right lateral leg sciatica, gastroesophageal reflux disease, anxiety, depression and sleeplessness. The injured worker's medications regimen included Norco, Omeprazole and topical analgesics. The retro request for authorization for Medrox patches dispensed 12/11/2013 quantity one was not submitted within the documentation available for review. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Medrox patches dispensed 12/11/2013 quantity one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Treatment Guidelines: topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Capsaicin Page(s): 105, 111 & 112.

Decision rationale: Medrox patches contain Menthol Salicylate and Capsaicin. The California MTUS Guidelines recommend Salicylate topicals. Topical Salicylate are significantly better than a placebo in chronic pain. In addition, the guidelines recommend topical analgesics as an option. Although largely experimental and used with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesia effect of each agent and how it will be useful for the specific therapeutic goal. The guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as 0.025% formulation and a 0.075% formulation. There have been no studies of 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further effectiveness. The clinical information provided for review lacks documentation related to the injured worker not responding or being intolerant to other treatments, to included trials of antidepressants and anticonvulsants. The previous physical therapy and conservative care was not provided within the documentation available for review. In addition, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Medrox patches contain Capsaicin at a 0.0375% formulation. The guidelines 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 effectiveness. In addition, the request, as submitted, failed to provide frequency, direction and specific site at which the Medrox patches are to be utilized. According to the documentation provided for review the injured worker has been utilizing Medrox patches prior to 09/2013. There is a lack of documentation related to the therapeutic benefit in the ongoing utilization of Medrox patches. Therefore, the request for retro Medrox patches is not medically necessary.