

Case Number:	CM14-0041219		
Date Assigned:	06/30/2014	Date of Injury:	03/03/2009
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 46 year old female who reported an injury regarding both knees on 03/03/09 due to an unknown mechanism of injury. The clinical note dated 05/19/14 indicates the injured worker complaining of neck and bilateral shoulder as well as low back pain that was rated as 7/10 on the visual analog scale. Radiating pain was identified from the neck into the upper extremities. The clinical note dated 04/21/14 indicates the injured worker continuing with complaints of pain at several sites. No information had been submitted regarding the injured worker's reduction in pain at that time. The note also indicates the injured worker utilizing Tramadol as well as the topical creams and patches. The clinical note dated 03/05/14 indicates the injured worker continuing with bilateral knee pain. The utilization review dated 03/25/14 resulted in a denial for the use of Medrox patches as no information had been submitted regarding the injured worker's intolerance to oral pain medications. Additionally, no information had been submitted regarding the need for alternative treatments in the form of topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1 Medrox patches one month supply to be used as directed: 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
Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: As noted on page 60 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Medrox is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for this compound cannot be recommended as medically necessary.