

Case Number:	CM14-0050024		
Date Assigned:	07/07/2014	Date of Injury:	02/26/2008
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/17/2014

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 Internal medicine 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 insured is a 57-year-old male who suffered an assault at work in Feb 2008 after which he developed chronic pain in the neck, lower back, both upper extremities and both lower extremities. He had symptoms of nightmares, sleep disturbance, flash backs and anxiety with depression related to the assault and ongoing chronic pain. His diagnoses include post-traumatic stress disorder, chronic cervical ligamentous strain and chronic low back ligamentous strain. Records were reviewed from July 2012 through April 2014. In one record of Sept 2012, left upper extremity numbness was noted consistent with radiculitis. An electromyogram (EMG) and nerve conduction velocity (NCV) was requested but it is not clear if the patient obtained these and what the results were. Imaging data were not provided. Current therapies including physical therapy were not provided. The patient had seen a psychologist and numerous requests for additional psychotherapy with a different psychologist. The patient was taking aspirin as needed in 2012 and was prescribed Medrox ointment to apply to affected areas in 2012 as well. The response to this therapy was not noted in the provided records, the most recent from April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox Ointment (DOS: 3/12/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chronic Pain Management Guidelines, page(s) 799.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case that the patient's clinical condition includes considerable psychiatric comorbidity along with chronic pain in multiple locations including neck, back, both arms and lower extremities. He has been prescribed Medrox ointment for pain and paresthesias of the arms. However, the response to this therapy is not provided. Other medications that were employed and the response to those therapies are not provided in the medical records. Given the patient's complex and long standing pain disorder in addition to psychiatric comorbidity, first line agents would include anti depressant medications and anti epileptics. The medical records do not indicate that a first line therapy is not being employed. In addition, Medrox contains capsaicin and menthol, which are poorly supported modalities in the treatment of chronic pain. Therefore, the request is not medically necessary.